Patient Information:

Patient’s Name: _________________________________ DOB / / Phone ( ) -
☐ Demographic faxed with referral

Referring Provider:

Name: _________________________________ Fax Number ( ) -
Cell Phone ( ) -

Services Requested:

☐ Consultation*
☐ Echo
☐ Carotid ultrasound
☐ Ultrasound AAA screen
☐ MUGA

☐ Device management (pacemaker, ICD)
☐ Ankle brachial index
☐ Body composition analysis
☐ EndoPAT
☐ Holter monitor
☐ Event monitor

*Consultation implies evaluation/treat

Stress Test

☐ Stress treadmill without imaging
☐ Stress echo
☐ Stress myocardial perfusion imaging
☐ I don’t know which is the best test. You figure it out.

Indications:

Symptoms
☐ Chest pain,
☐ Shortness of breath
☐ Palpitations,
☐ Dizziness/Syncope,
Other _________________________________

Medical problems:

☐ Hypertension
☐ Diabetes,
☐ Hyperlipidemia
☐ Family history
☐ Tobacco use

☐ Coronary artery disease
☐ Cardiomyopathy
☐ Atrial fibrillation/Flutter
☐ Stroke/TIA
☐ Peripheral vascular disease,
Other _________________________________

Urgency:

☐ Today (Call Dr. Miller at 801-554-5332) ☐ 1-3 days ☐ Next availability

Getting Results:

☐ Fax results to office ☐ I want a call back

Processing: Thank you for the referral. We will contact the patient, arrange services, obtain any necessary pre-authorizations, and send results back to you. Call us with any questions or concerns. If we do not take your patient’s insurance, we will make arrangements with another provider on your behalf. Office number below. Dr. Miller’s cell phone is 801-554-5332.

Signature: _________________________________ Date: / /