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FAX TO: 928.226.6411
PLEASE SEND FACE SHEET

2019 REFERRAL FORM
• CARDIOLOGY • VEIN • DIETITIAN

- URGENT** **Routine**
 Flagstaff **Verde Valley**

Please fax a copy of patient demographics, recent progress notes, pertinent test results and insurance information

Patient Name: _____ Phone #: _____ Date: ___/___/___ DOB: ___/___/___

Diagnosis: _____ Comments: _____

Prior Authorization (Required if Test Only) _____

CONSULTATIONS:	PREOP CONSULT:
<input type="checkbox"/> Cardiology Consult <input type="checkbox"/> Preop Consult <input type="checkbox"/> Vein Consult <input type="checkbox"/> EP Consult <input type="checkbox"/> Nutrition Consult <input type="checkbox"/> Physical Therapy Consult <input type="checkbox"/> EECF Consult	<p>PREOP DIRECT FAX: 928.226.6412</p> Type of Surgery: _____ Surgeon: _____ Return Fax: _____ Place of Surgery: <input type="checkbox"/> Summit <input type="checkbox"/> TASC <input type="checkbox"/> FMC <input type="checkbox"/> Other _____

DIAGNOSTIC TESTING:

Test Only (Prior Authorization required with referral)
Due to insurance regulations, all Test Only referrals require the ordering provider to obtain prior authorization.

<input type="checkbox"/> EKG/ECG (93000) <input type="checkbox"/> Walk-in EKG <input type="checkbox"/> Echocardiogram (93306) <input type="checkbox"/> 24 Hour Holter (93225, 93227, 93226) <input type="checkbox"/> 48 Hour Holter (93225, 93227, 93226) <input type="checkbox"/> 30 Day Event Monitor (93270, 93272, 93228) <input type="checkbox"/> ABI (93922) <input type="checkbox"/> Stress ABI (93924, 93015)	<input type="checkbox"/> Segmentals (93923) <input type="checkbox"/> MUGA Scan (78472, A9512, A9560) <input type="checkbox"/> GXT (Plain Treadmill) (93015) <input type="checkbox"/> Stress Echocardiogram (93351)	<input type="checkbox"/> Arterial Duplex (93925, 93922, 93978) <input type="checkbox"/> Bi-Lateral (93925) <input type="checkbox"/> Unilateral (93926) <input type="checkbox"/> Nuclear Stress <input type="checkbox"/> Lexiscan Nuclear Stress (78452, 93015, 95000, J2785) <input type="checkbox"/> Exercise Nuclear Stress (78452, 93015, A9500, J7050) <input type="checkbox"/> Pulse Oximeter (94762)	<input type="checkbox"/> Renal Arterial Duplex (93975) <input type="checkbox"/> Abdominal Aorta Duplex (93975) <input type="checkbox"/> Extremity Venous Duplex (Vein Mapping) <input type="checkbox"/> Bi-Lateral (93970) <input type="checkbox"/> Unilateral (93971) <input type="checkbox"/> Carotid Ultrasound (93880) <input type="checkbox"/> Other: _____
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Are you interested in saving paper? Call us and find out how to send medical records through File Steward or Easy Referral!