

ORDERING PHYSICIAN	PHONE	FAX
SIGNATURE OF ORDERING PHYSICIAN	DATE	TIME
PATIENT NAME	DATE OF BIRTH	
SOCIAL SECURITY NUMBER	PATIENT PHONE	
PRIMARY INSURANCE	AUTH # / RQI	EXP. DATE
SECONDARY INSURANCE	AUTH # / RQI	EXP. DATE

DIAGNOSIS/REASON FOR REFERRAL

- | | | |
|---|--|---|
| <input type="checkbox"/> Abnormal EKG r94.31 | <input type="checkbox"/> Dyspnea r06.9 | <input type="checkbox"/> Pre-op Cardiovascular Exam* z01.810 |
| <input type="checkbox"/> Abnormal Stress Test r94.39 | <input type="checkbox"/> Family History of CV Disease v17.49 | <input type="checkbox"/> Shortness of Breath r06.02 |
| <input type="checkbox"/> Arrhythmias i49.9 | <input type="checkbox"/> Family History of Ischemic Heart Disease z82.49 | <input type="checkbox"/> Sleep Apnea g47.30 |
| <input type="checkbox"/> Atrial Fibrillation i48.91 | <input type="checkbox"/> Heart Saver CT | <input type="checkbox"/> Sleep Disturbance g47.9 |
| <input type="checkbox"/> Atrial Flutter i25.10 | <input type="checkbox"/> Hypertension i10 | <input type="checkbox"/> SVT i47.1 |
| <input type="checkbox"/> BMI ≥30, or ≥27 with comorbidities | <input type="checkbox"/> Hypertension Resistant i10 | <input type="checkbox"/> Syncope and Near Syncope r55 |
| <input type="checkbox"/> CAD (Coronary Artery Disease) i42.7 | <input type="checkbox"/> Hypoxemia r09.02 | <input type="checkbox"/> Tachycardia r00.0 |
| <input type="checkbox"/> Cardiomyopathy i42.8 | <input type="checkbox"/> Lipid Management | <input type="checkbox"/> Valve Disorders (Mitral) i34.0 |
| <input type="checkbox"/> Cardiomyopathy (Other Primary) i42.5 | <input type="checkbox"/> Murmur r01.1 | <input type="checkbox"/> Valve Disorders (Aortic) i35.9 |
| <input type="checkbox"/> Cardiomyopathy (Obstructive) | <input type="checkbox"/> Pacer Defibrillator z95.810 | <input type="checkbox"/> Venous Insufficiency/Reflux i87.21 |
| <input type="checkbox"/> Chest Pain r07.9 | <input type="checkbox"/> Pain in Limb m79.609 | <input type="checkbox"/> Varicose Veins of Lower Extremities i83.90 |
| <input type="checkbox"/> Congenital Heart Disease q24.9 | <input type="checkbox"/> Palpitations r00.2 | <input type="checkbox"/> Venous Stasis Ulcers i83.009 |
| <input type="checkbox"/> Congestive Heart Failure i50.9 | <input type="checkbox"/> PFO Closure q21.1 | <input type="checkbox"/> Other ICD-10: _____ |

SCHEDULING

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Consult Only | <input type="checkbox"/> Diagnostic Testing Only | <input type="checkbox"/> Consult, Test and Treat | <input type="checkbox"/> Within 1 Week |
| <input type="checkbox"/> FIRST AVAILABLE | <input type="checkbox"/> SAME DAY | <input type="checkbox"/> WITHIN 24 HOURS | <input type="checkbox"/> Within 2 Weeks |

SERVICES

- Adult Congenital Heart Disease Consult
- Advanced Lipid Clinic Consult
- Cardio-Oncology Consult
- CHF Clinic Consult
- Genetic Testing Consult
- Preoperative Cardiac Clearance* _____

Include demographics with referral

- Pulmonary Hypertension Consult
- Sleep Medicine Consult
- Sports Cardiology Consult
- Valve Clinic Consult
- Vein Center Consult
- Weight Loss Clinic—The Journey Program

TESTING

- 12 Lead EKG
- Holter Monitor: 24-36 hr. 14 day 30 day
- Treadmill Stress Test
- Vascular Triple Screening—\$115
 - Carotid Screening—\$45
 - ABI Screening—\$45
 - AAA Screening—\$45

LOCATIONS

- | | | |
|--|---|--|
| <input type="checkbox"/> AUSTIN—CENTRAL PARK BUILDING
(512) 206-3600 (800) 803-6960
FAX (512) 407-1874
Med Rec FAX (512) 407-1941
900 W. 38th Street, Suite 400
Austin, TX 78705 | <input type="checkbox"/> CEDAR PARK
(512) 249-7190 FAX (512) 249-0348
1401 Medical Parkway B, Suite 300
Cedar Park, TX 78613 | <input type="checkbox"/> LAKEWAY
(512) 261-3803 FAX (512) 261-3853
14425 Falconhead Blvd., Bldg. A
Austin, TX 78738 |
| <input type="checkbox"/> AUSTIN—HEART HOSPITAL
(512) 206-3600 (800) 803-6960
FAX (512) 407-1874
3801 N. Lamar, Suite 300
Austin, TX 78756 | <input type="checkbox"/> FREDERICKSBURG
(830) 990-9994 FAX (830) 990-9763
205 W. Windcrest Street, Suite 230
Fredericksburg, TX 78624

Imaging Center
(830) 990-9994 FAX (830) 990-9763 | <input type="checkbox"/> MARBLE FALLS
(830) 798-2082 FAX (830) 693-0040
102 Max Starcke Dam Road, Suite 100
Marble Falls, TX 78654 |
| <input type="checkbox"/> AUSTIN—NORTHWEST
(512) 338-0492 FAX (512) 338-0265
Austin Telco Credit Union Building
11149 Research Boulevard, Suite 125
Austin, TX 78759 | <input type="checkbox"/> GEORGETOWN
(512) 869-2566 FAX (512) 869-7434
1900 Scenic Drive, Suite 3308
Georgetown, TX 78626 | <input type="checkbox"/> ROUND ROCK
(512) 341-0889 FAX (512) 341-7147
2410 Round Rock Avenue, Suite 110
Round Rock, TX 78681 |
| <input type="checkbox"/> AUSTIN—OAKHILL
(512) 899-2028 FAX (512) 899-0311
Located in the Southwest Medical Village
5625 Eiger Rd, Suite 220
Austin, TX 78735 | <input type="checkbox"/> HARKER HEIGHTS
(254) 526-2085 FAX (254) 526-9569
800 West Central Texas Expy., Suite 355
Harker Heights, TX 76548

Imaging Center
(830) 990-9994 FAX (830) 990-9763 | <input type="checkbox"/> SAN MARCOS
(512) 396-5603 FAX (512) 407-1480
1251 Sadler Drive, Building J, Suite 2100
San Marcos, TX 78666 |
| <input type="checkbox"/> AUSTIN—SOUTH
New Patient Saturday Clinics Available
(512) 899-2028 FAX (512) 899-0311
2559 Western Trails Boulevard, Suite 200
Austin, TX 78745 | <input type="checkbox"/> LA GRANGE
(979) 242-5677 FAX (979) 242-5680
2 St. Mark's Place, Suite 160
La Grange, TX 78945 | <input type="checkbox"/> VEIN CENTER OF AUSTIN HEART
(512) 459-8346(VEIN) FAX (512) 421-3863
801 W 38th Street, Suite 400
Austin, TX 78705 |

* ADDITIONAL PREOPERATIVE DIAGNOSIS NEEDED

APPOINTMENT REMINDERS

- ✓ Bring your insurance card with you, a current list of your medications and all medication dosages (or medication bottles).
- ✓ If you are unable to keep your appointment, please provide a 24-hour notification.
To reschedule a diagnostic procedure with your Austin Heart cardiologist, call your Austin Heart office location.

TEST INSTRUCTIONS

Please allow 15 minutes for exam registration.

- ❑ **EKG** Allow 15 minutes for the appointment. Wear two-piece clothing.
- ❑ **TREADMILL STRESS TEST** Allow 1 hour for your study. Wear two-piece clothing and comfortable walking shoes. Do not eat or drink for 6 hours prior to your study, including caffeine. This includes decaf coffee, tea and chocolate.
- ❑ **HOLTER MONITOR** Allow 30 minutes for instructions and hook-up. Wear two-piece clothing. You will not be able to shower while wearing the monitor. You will need to return the monitor to the office the day after your testing is complete.

AUSTIN HEART PHYSICIANS

*Visiting Physician

AUSTIN-CENTRAL PARK BUILDING

(512) 206-3600
David Abrams, M.D.
Deborah Ekery, M.D.
Jonathan Ginns, M.D.
Thomas McMinn, M.D.
John Moscona, M.D.
Paul Pagley, M.D.
Mark Picone, D.O.
Matthew Selmon, M.D.
Arthur Smith, M.D.
Jerome Thomas, M.D.
Suzanne Wetherold, M.D.
Frank Zidar, M.D.

AUSTIN-HEART HOSPITAL

(512) 206-3600
Kunjan Bhatt, M.D. (CHF)
Juhana Karha, M.D.
Jerome Thomas, M.D.

AUSTIN-NORTHWEST

(512) 338-0492
Vivek Goswami, M.D.
*Stanley Wang, M.D. (Sleep)

AUSTIN-OAKHILL

(512) 899-2028
David Revere, M.D.
Norman Risinger, M.D.
Stanley Wang, M.D.

AUSTIN-SOUTH

(512) 899-2028
David Revere, M.D.
Norman Risinger, M.D.
Stanley Wang, M.D.

CEDAR PARK

(512) 249-7190
Carl Carlino, M.D.
Geoffrey Crimmins, M.D.
Michelle Zikusoka, M.D.
*Jerome Thomas, M.D.

FREDERICKSBURG

(830) 990-9994
Kevin Gallagher, D.O.
Noah Greene, M.D.
Matthew Jepson, M.D.

GEORGETOWN

(512) 869-2566
Robert Denyer, D.O.
Abhijeet Koli, M.D.
Ryan Mack, M.D.
*Kunjan Bhatt, M.D. (CHF)
*Jay Pandya, M.D. (Vein)

HARKER HEIGHTS

(254) 526-2085
Adolph Mares, Jr., M.D.
Randy McCollough, M.D.
Andrew Thibodeaux, D.O.
*Kunjan Bhatt, M.D. (CHF)
*Kevin Gallagher, D.O. (Sleep)
*Stephan Garland, M.D.
*David Morris, M.D.
*Josh McKay, M.D.
*Jay Pandya, M.D. (Vein)

LA GRANGE

(979) 242-5677
Phillip Burket, M.D.
Michael Henderson, M.D.
*Stephen Garland, M.D.
*Paul Pagley, M.D.
*Matthew Selmon, M.D. (Vein)
*Jerome Thomas, M.D. (CHF)
*Stanley Wang, M.D. (Sleep)

LAKEWAY

(512) 261-3803
Jonathan Ginns, M.D.
Anne Mani, M.D.
Paul Pagley, M.D.

MARBLE FALLS

(830) 798-2082
Kevin Gallagher, M.D.
Noah Greene, M.D.
David Swett, M.D.
*Kunjan Bhatt, M.D. (CHF)
*Mark Picone, D.O. (Vein)

ROUND ROCK

(512) 341-0889
Bruce Chen, M.D.
Josh McKay, M.D.
Jay Pandya, M.D.
Craig Siegel, M.D.
Joseph Szczytowski, D.O.
*Jerome Thomas, M.D. (CHF)
*Stanley Wang, M.D. (Sleep)

SAN MARCOS

(512) 396-5603
William Abide, Jr., M.D.
Alap Jani, M.D. (Vein)
Scott Solomon, M.D.
Faisal Syed, M.D.
*Jerome Thomas, M.D. (CHF)