

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 |

**CONSULTS & TESTING**

- Include demographics with referral**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Congenital Heart Disease Consult | <input type="checkbox"/> Sports Cardiology Consult              | <input type="checkbox"/> Holter Monitor: <input type="checkbox"/> 24-36 hr. <input type="checkbox"/> 14 day <input type="checkbox"/> 30 day |
| <input type="checkbox"/> Advanced Lipid Clinic Consult          | <input type="checkbox"/> Valve Clinic Consult                   | <input type="checkbox"/> Pharmacologic (Lexiscan) Stress Nuclear**  |
| <input type="checkbox"/> Cardio-Oncology Consult                | <input type="checkbox"/> Vein Center Consult                    | <input type="checkbox"/> Stress Echo-Treadmill**  |
| <input type="checkbox"/> CHF Clinic Consult                     | <input type="checkbox"/> Weight Loss Clinic—The Journey Program | <input type="checkbox"/> Treadmill Stress Test  |
| <input type="checkbox"/> Genetic Testing Consult                | <b>TESTING</b>  | <input type="checkbox"/> Vascular Triple Screening—\$115  |
| <input type="checkbox"/> Preoperative Cardiac Clearance* _____  | <input type="checkbox"/> 12 Lead EKG                            | <input type="checkbox"/> Carotid Screening—\$45   |
| <input type="checkbox"/> Pulmonary Hypertension Consult         | <input type="checkbox"/> Cardiac PET**                          | <input type="checkbox"/> ABI Screening—\$45   |
| <input type="checkbox"/> Sleep Medicine Consult                 | <input type="checkbox"/> Exercise Stress Nuclear**              | <input type="checkbox"/> AAA Screening—\$45   |

**LOCATIONS**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>AUSTIN—CENTRAL PARK BUILDING</b><br>(512) 206-3600 (800) 803-6960<br>FAX (512) 407-1874<br>Med Rec FAX (512) 407-1941<br>900 W. 38th Street, Suite 400<br>Austin, TX 78705 | <input type="checkbox"/> <b>CEDAR PARK</b><br>(512) 249-7190 FAX (512) 249-0348<br>1401 Medical Parkway B, Suite 300<br>Cedar Park, TX 78613  | <input type="checkbox"/> <b>LA GRANGE</b><br>(979) 242-5677 FAX (979) 242-5680<br>2 St. Mark's Place, Suite 160<br>La Grange, TX 78945                     |
| <input type="checkbox"/> <b>AUSTIN—HEART HOSPITAL</b><br>(512) 206-3600 (800) 803-6960<br>FAX (512) 407-1874<br>3801 N. Lamar, Suite 300<br>Austin, TX 78756   | <input type="checkbox"/> <b>COLUMBUS</b><br>(979) 242-5677 FAX (979) 242-5680<br>109 Shult Dr, Suite 100<br>Columbus, TX 78934  | <input type="checkbox"/> <b>LAKEWAY</b><br>(512) 261-3803 FAX (512) 261-3853<br>14425 Falconhead Blvd., Bldg. A<br>Austin, TX 78738                        |
| <input type="checkbox"/> <b>AUSTIN—NORTHWEST</b><br>(512) 338-0492 FAX (512) 338-0265<br>Austin Telco Credit Union Building<br>11149 Research Boulevard, Suite 125<br>Austin, TX 78759                 | <input type="checkbox"/> <b>FREDERICKSBURG</b><br>(830) 990-9994 FAX (830) 990-9763<br>205 W. Windcrest Street, Suite 230<br>Fredericksburg, TX 78624<br>Imaging Center<br>(830) 990-9994 FAX (830) 990-9763      | <input type="checkbox"/> <b>MARBLE FALLS</b><br>(830) 798-2082 FAX (830) 693-0040<br>102 Max Starcke Dam Road, Suite 100<br>Marble Falls, TX 78654         |
| <input type="checkbox"/> <b>AUSTIN—OAKHILL</b><br>(512) 899-2028 FAX (512) 899-0311<br>Located in the Southwest Medical Village<br>5625 Eiger Rd, Suite 220<br>Austin, TX 78735                        | <input type="checkbox"/> <b>GEORGETOWN</b><br>(512) 869-2566 FAX (512) 869-7434<br>1900 Scenic Drive, Suite 3308<br>Georgetown, TX 78626  | <input type="checkbox"/> <b>ROUND ROCK</b><br>(512) 341-0889 FAX (512) 341-7147<br>2410 Round Rock Avenue, Suite 110<br>Round Rock, TX 78681               |
| <input type="checkbox"/> <b>AUSTIN—SOUTH</b><br>New Patient Saturday Clinics Available<br>(512) 899-2028 FAX (512) 899-0311<br>2559 Western Trails Boulevard, Suite 200<br>Austin, TX 78745            | <input type="checkbox"/> <b>HARKER HEIGHTS</b><br>(254) 526-2085 FAX (254) 526-9569<br>800 West Central Texas Expy., Suite 355<br>Harker Heights, TX 76548<br>Imaging Center<br>(830) 990-9994 FAX (830) 990-9763 | <input type="checkbox"/> <b>SAN MARCOS</b><br>(512) 396-5603 FAX (512) 407-1480<br>1251 Sadler Drive, Building J, Suite 2100<br>San Marcos, TX 78666       |
|  |   | <input type="checkbox"/> <b>VEIN CENTER OF AUSTIN HEART</b><br>(512) 459-8346(VEIN) FAX (512) 421-3863<br>801 W 38th Street, Suite 400<br>Austin, TX 78705 |

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## 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.  
Christopher McCoy, M.D.  
Michelle Zikusoka, M.D.  
\*Jerome Thomas, M.D.

### COLUMBUS

(979) 242-5677  
Phillip Burket, M.D.

### FREDERICKSBURG

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

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(512) 869-2566  
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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.  
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### 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

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Anne Mani, M.D.  
Paul Pagley, M.D.

### MARBLE FALLS

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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)