

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

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Abnormal EKG r94.31 <input type="checkbox"/> Abnormal Stress Test r94.39 <input type="checkbox"/> Arrhythmias i49.9 <input type="checkbox"/> Atrial Fibrillation i48.91 <input type="checkbox"/> Atrial Flutter i25.10 <input type="checkbox"/> BMI ≥30, or ≥27 with comorbidities <input type="checkbox"/> CAD (Coronary Artery Disease) i42.7 <input type="checkbox"/> Cardiomyopathy i42.8 <input type="checkbox"/> Cardiomyopathy (Other Primary) i42.5 <input type="checkbox"/> Cardiomyopathy (Obstructive) <input type="checkbox"/> Chest Pain r07.9 <input type="checkbox"/> Congenital Heart Disease q24.9 <input type="checkbox"/> Congestive Heart Failure i50.9 | <ul style="list-style-type: none"> <input type="checkbox"/> Dyspnea r06.9 <input type="checkbox"/> Family History of CV Disease v17.49 <input type="checkbox"/> Family History of Ischemic Heart Disease z82.49 <input type="checkbox"/> Heart Saver CT <input type="checkbox"/> Hypertension i10 <input type="checkbox"/> Hypertension Resistant i10 <input type="checkbox"/> Hypoxemia r09.02 <input type="checkbox"/> Lipid Management <input type="checkbox"/> Murmur r01.1 <input type="checkbox"/> Pacer Defibrillator z95.810 <input type="checkbox"/> Pain in Limb m79.609 <input type="checkbox"/> Palpitations r00.2 <input type="checkbox"/> PFO Closure q21.1 | <ul style="list-style-type: none"> <input type="checkbox"/> Pre-op Cardiovascular Exam* z01.810 <input type="checkbox"/> Shortness of Breath r06.02 <input type="checkbox"/> Sleep Apnea g47.30 <input type="checkbox"/> Sleep Disturbance g47.9 <input type="checkbox"/> SVT i47.1 <input type="checkbox"/> Syncope and Near Syncope r55 <input type="checkbox"/> Tachycardia r00.0 <input type="checkbox"/> Valve Disorders (Mitral) i34.0 <input type="checkbox"/> Valve Disorders (Aortic) i35.9 <input type="checkbox"/> Venous Insufficiency/Reflux i87.21 <input type="checkbox"/> Varicose Veins of Lower Extremities i83.90 <input type="checkbox"/> Venous Stasis Ulcers i83.009 <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
- 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

- 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
- AUSTIN—HEART HOSPITAL**
(512) 206-3600 (800) 803-6960
FAX (512) 407-1874
3801 N. Lamar, Suite 300
Austin, TX 78756
- AUSTIN—NORTHWEST**
(512) 338-0492 FAX (512) 338-0265
Austin Telco Credit Union Building
11149 Research Boulevard, Suite 125
Austin, TX 78759
- AUSTIN—OAKHILL**
(512) 899-2028 FAX (512) 899-0311
Located in the Southwest Medical Village
5625 Eiger Rd, Suite 215
Austin, TX 78735
- AUSTIN—SOUTH**
New Patient Saturday Clinics Available
(512) 899-2028 FAX (512) 899-0311
2559 Western Trails Boulevard, Suite 200
Austin, TX 78745

- CEDAR PARK**
(512) 249-7190 FAX (512) 249-0348
1401 Medical Parkway B, Suite 300
Cedar Park, TX 78613
- 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
- GEORGETOWN**
(512) 869-2566 FAX (512) 869-7434
1900 Scenic Drive, Suite 3308
Georgetown, TX 78626
- 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
- LA GRANGE**
(979) 242-5677 FAX (979) 242-5680
2 St. Mark's Place, Suite 160
La Grange, TX 78945
- LAKEWAY**
(512) 261-3803 FAX (512) 261-3853
14425 Falconhead Blvd., Bldg. A
Austin, TX 78738

- LEANDER**
(737) 843-7563 FAX (737) 843-7564
505 St. David's Loop, Suite 315
Austin, TX 78641
- MARBLE FALLS**
(830) 798-2082 FAX (830) 693-0040
102 Max Starcke Dam Road, Suite 100
Marble Falls, TX 78654
- ROUND ROCK**
(512) 341-0889 FAX (512) 341-7147
2410 Round Rock Avenue, Suite 110
Round Rock, TX 78681
- SAN MARCOS**
(512) 396-5603 FAX (512) 407-1480
1251 Sadler Drive, Building J, Suite 2100
San Marcos, TX 78666
- 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
Deborah Ekery, M.D.
Jonathan Ginns, M.D.
Stephen Infanger, 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

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Juhana Karha, M.D.
Jerome Thomas, M.D.

AUSTIN-NORTHWEST

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

AUSTIN-OAKHILL

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

AUSTIN-SOUTH

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David Revere, M.D.
Norman Risinger, M.D.
Stanley Wang, M.D.

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Michelle Zikusoka, M.D.
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