

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"/> Family history of CV disease.....v17.49               | <input type="checkbox"/> Shortness of breath..... r06.02            |
| <input type="checkbox"/> Abnormal stress test .....r94.39          | <input type="checkbox"/> Family history of ischemic heart disease ..... z82.49 | <input type="checkbox"/> Sleep apnea .....g47.30                    |
| <input type="checkbox"/> Arrhythmias.....i49.9                     | <input type="checkbox"/> Heart saver CT  | <input type="checkbox"/> Sleep disturbance.....g47.9                |
| <input type="checkbox"/> Atrial fibrillation.....i48.91            | <input type="checkbox"/> Hypertension..... i10                                 | <input type="checkbox"/> SVT ..... i47.1                            |
| <input type="checkbox"/> Atrial flutter.....i25.10                 | <input type="checkbox"/> Hypertension resistant..... i10                       | <input type="checkbox"/> Syncope and near syncope ..... r55         |
| <input type="checkbox"/> BMI ≥30, or ≥27 with comorbidities        | <input type="checkbox"/> Hypoxemia ..... r09.02                                | <input type="checkbox"/> Tachycardia ..... r00.0                    |
| <input type="checkbox"/> CAD (coronary artery disease) .....i42.7  | <input type="checkbox"/> Lipid management                                      | <input type="checkbox"/> Valve disorders (mitral) ..... i34.0       |
| <input type="checkbox"/> Cardiomyopathy .....i42.8                 | <input type="checkbox"/> Murmur.....r01.1                                      | <input type="checkbox"/> Valve disorders (aortic) ..... i35.9       |
| <input type="checkbox"/> Cardiomyopathy (other primary) .....i42.5 | <input type="checkbox"/> Pacer defibrillator.....z95.810                       | <input type="checkbox"/> Venous insufficiency/reflux ..... i87.21   |
| <input type="checkbox"/> Cardiomyopathy (obstructive)              | <input type="checkbox"/> Pain in limb..... m79.609                             | <input type="checkbox"/> Varicose veins of lower extremities i83.90 |
| <input type="checkbox"/> Chest pain ..... r07.9                    | <input type="checkbox"/> Palpitations.....r00.2                                | <input type="checkbox"/> Venous stasis ulcers .....i83.009          |
| <input type="checkbox"/> Congenital heart disease ..... q24.9      | <input type="checkbox"/> PFO closure ..... q21.1                               | <input type="checkbox"/> Other ICD-10: _____                        |
| <input type="checkbox"/> Congestive heart failure.....i50.9        | <input type="checkbox"/> Pre-op cardiovascular exam* ..... z01.810             |   |
| <input type="checkbox"/> Dyspnea.....r06.9                         |  |   |

## Scheduling

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Consult only    | <input type="checkbox"/> Diagnostic testing only | <input type="checkbox"/> Consult, test and treat | <input type="checkbox"/> Within one week  |
| <input type="checkbox"/> First available | <input type="checkbox"/> Same day                | <input type="checkbox"/> Within 24 hours         | <input type="checkbox"/> Within two 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 hour ☐ 14 day ☐ 30 day
- ☐ Treadmill stress test
- ☐ Vascular triple screening—\$115
  - ☐ Carotid screening—\$45
  - ☐ BI 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 St., Suite 400  
Austin, Texas 78705

### ☐ Austin—Heart Hospital

512.206.3600 800.803.6960  
Fax: 512.407.1874  
3801 N. Lamar, Suite 300  
Austin, Texas 78756

### ☐ Austin—Northwest

512.338.0492 Fax: 512.338.0265  
Austin Telco Credit Union Building  
1149 Research Blvd., Suite 125  
Austin, Texas 78759

### ☐ Austin—Oakhill

512.899.2028 Fax: 512.899.0311  
Located in Southwest Medical Village  
5625 Eiger Road, Suites 215 and 220  
Austin, Texas 78735

### ☐ Austin—South

512.899.2028 Fax: 512.899.0311  
2559 Western Trails Blvd., Suite 200  
Austin, Texas 78745

### ☐ Cedar Park

512.249.7190 Fax: 512.249.0348  
1401 Medical Parkway B, Suite 300  
Cedar Park, Texas 78613

### ☐ Fredericksburg

830.990.9994 Fax: 830.990.9763  
205 W. Windcrest St., Suite 230  
Fredericksburg, Texas 78624

### Imaging Center

830.990.9994 Fax: 830.990.9763

### ☐ Georgetown

512.869.2566 Fax: 512.869.7434  
1900 Scenic Drive, Suites 3308 and 2210  
Georgetown, Texas 78626

### ☐ Harker Heights

254.526.2085 Fax: 254.526.9569  
800 W. Central Texas Expressway, Suite 355  
Harker Heights, Texas 76548

### Imaging Center

254.526.2085 Fax: 254.526.9569

### ☐ Kyle

512.396.5603 Fax 512.407.1480  
4100 Everett St., Suite 100  
Kyle, Texas 78640

### ☐ La Grange

979.242.5677 Fax: 979.242.5680  
2 St. Mark's Place, Suite 160  
La Grange, Texas 78945

### ☐ Lakeway

512.261.3803 Fax: 512.261.3853  
14425 Falconhead Blvd., Bldg. A  
Austin, Texas 78738

### ☐ Leander

737.843.7563 Fax: 737.843.7564  
505 St. David's Loop, Suite 315  
Leander, Texas 78641

### ☐ Marble Falls

830.798.2082 Fax: 830.693.0040  
102 Max Starcke Dam Road, Suite 100  
Marble Falls, Texas 78654

### ☐ Round Rock

512.341.0889 Fax: 512.341.7147  
2410 Round Rock Ave., Suite 110  
Round Rock, Texas 78681

### ☐ San Marcos

512.396.5603 Fax: 512.407.1480  
1251 Sadler Drive, Building J, Suite 2100  
San Marcos, Texas 78666

### ☐ Vein Center of Austin Heart

512.459.8346(VEIN) Fax: 512.421.3863  
801 W. 38th St., Suite 400  
Austin, Texas 78705

☐ \_\_\_\_\_  
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\* Additional preoperative diagnosis needed

Appointment reminders

- Bring your insurance card, 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 six hours prior to your study, including caffeine. This includes decaf coffee, tea and chocolate.
- ☐ **Holter monitor:** Allow 30 minutes for instructions and hook-up. Please wear two-piece clothing. 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  
Joaquin Cigarroa, MD  
Deborah Ekery, MD  
Stephen Infanger, MD  
Thomas McMinn, MD  
John Moscona, MD  
Peter Nguyen, MD  
Paul Pagley, MD  
Matthew Selmon, MD  
Arthur Smith, MD  
Jerome Thomas, MD  
Suzanne Wetherold, MD  
Frank Zidar, MD

Austin–Heart Hospital

512.206.3600  
Kunjan Bhatt, MD  
Jonathan Ginns, MD  
Anna Moniodis, MD  
Jerome Thomas, MD

Austin–Northwest

512.338.0492  
Vivek Goswami, MD  
\*Stanley Wang, MD (Sleep)

Austin–Oakhill

512.899.2028  
David Revere, MD  
Stanley Wang, MD

Austin–South

512.899.2028  
Kevin Kurian, MD  
Norman Risinger, MD  
Stanley Wang, MD

Cedar Park

512.249.7190  
Carl Carlino, MD  
Geoffrey Crimmins, MD  
Christopher McCoy, MD  
Michelle Zikusoka, MD  
\*Jerome Thomas, MD (CHF)

Fredericksburg

830.990.9994  
Kevin Gallagher, DO  
Noah Greene, MD  
Matthew Jepson, DO  
\*Matthew Selmon, MD (Vein)

Georgetown

512.869.2566  
Robert Denyer, DO  
Paul Katigbak, MD  
Abhijeet Koli, MD  
Ryan Mack, MD  
\*Kunjan Bhatt, MD (CHF)

Harker Heights

254.526.2085  
Adolph Mares Jr., M.D  
Randy McCollough, MD  
Andrew Thibodeaux, DO  
\*Kunjan Bhatt, MD (CHF)  
\*Kevin Gallagher, DO (Sleep)  
\*David Morris, MD  
\*Josh McKay, MD  
\*Jay Pandya, MD (Vein)

Kyle

512.396.5603  
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Faisal Syed, MD

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\*Stanley Wang, MD (Sleep)  
\*Frank Zidar, MD (Structural)

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Round Rock

512.341.0889  
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San Marcos

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