



MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

273 Winton M. Blount Loop Montgomery, AL 36117 | 645 McQueen Smith Road N, Suite 108, Prattville, AL 36066 |
515 Hospital Drive, Suite A, Wetumpka, AL 36092 | 1412 Elba Highway 2nd Floor, Troy, AL 36079

PATIENT REFERRAL FORM

Patient Name:	Date of Birth:
Referring MD: (PLEASE PRINT)	
Referring MD Phone #	Referring MD Fax #
Referring MD Signature:	

Fax this form to **334-280-1600** and include: Patient Demographic Sheet, Recent Office Notes, Labs, EKG, and Recent Testing. An appointment will be scheduled using the information provided. If you need to speak with someone in scheduling, please call **334-280-1527**. We will fax this form back to you with the appointment date and time.

Insurance Referral/Prior Authorization	
Does this patient's insurance require a referral or prior authorization for diagnostic testing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES : Please fax the referral form with this sheet. If a prior authorization is required we ask that this be obtained and faxed to us as soon as possible as to not delay testing.	
Authorization Number: _____	Start Date-Expiration Date: _____

New Patient Appointment Request (with Physician)			
<input type="radio"/> Within one week	<input type="radio"/> Within 2 – 3 weeks	<input type="radio"/> First available	<input type="radio"/> Other: _____
MCA PHYSICIANS (Please check below if you have a preference for new patients)			
<input type="radio"/> H. Forrest Flemming, M.D. (Interventionalist)	<input type="radio"/> Amy B. Cooper, M.D.		
<input type="radio"/> Paul B. Moore, M.D. (Interventionalist)	<input type="radio"/> Scott W. Sims, M.D.		
<input type="radio"/> Wynne Crawford, M.D. (Electrophysiologist)	<input type="radio"/> Sushant S. Khaire, M.D. (Peripheral/Coronary Interventionalist)		
<input type="radio"/> R. Eric Crum, M.D. (Interventionalist)	<input type="radio"/> Justin W. Smith, M.D. (Electrophysiology/Ablations)		

Diagnostic Testing			
<input type="radio"/> Within one week	<input type="radio"/> Within 2 – 3 weeks	<input type="radio"/> First available	<input type="radio"/> Other: _____

<input type="radio"/> Nuclear Stress Test (SPECT Myocardial Perfusion Study) CPT Code: 78452 <input type="radio"/> Standard Exercise Stress Test CPT Code: 93015 <input type="radio"/> MUGA Scan CPT Code: 78472	<input type="radio"/> Echocardiogram CPT Code: 93306 <input type="radio"/> Carotid Ultrasound CPT Code: 93880 <input type="radio"/> Bubble Study CPT Code: 93306 <input type="radio"/> Duplex Renal US CPT Code: 93975	<input type="radio"/> Duplex Lower Extremity US <input type="checkbox"/> Left CPT Code: 93926 <input type="checkbox"/> Right CPT Code: 93926 <input type="checkbox"/> Bilateral CPT Code: 93925 <input type="radio"/> Duplex US Abdominal Aorta CPT Code: 93978	<input type="radio"/> Holter Monitor: CPT Code: 93225 <input type="checkbox"/> 24 Hour <input type="checkbox"/> 36 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour <input type="radio"/> Event Monitor CPT Code: 93270 <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 21 days <input type="checkbox"/> 30 days
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Reason for Referral (Check ALL That Apply)

<input type="radio"/> Chest Pain <input type="radio"/> Angina Pectoris <input type="radio"/> Shortness of Breath <input type="radio"/> Previous Abnormal Stress Test <input type="radio"/> Previous Abnormal Echo <input type="radio"/> Coronary Artery Disease <input type="radio"/> Murmur	<input type="radio"/> Congestive Heart Failure <input type="radio"/> Abnormal EKG <input type="radio"/> Syncope <input type="radio"/> Palpitations <input type="radio"/> PVC's <input type="radio"/> PAC's <input type="radio"/> Atrial Fibrillation	<input type="radio"/> Atrial Flutter <input type="radio"/> Dizziness <input type="radio"/> Hypertension <input type="radio"/> Claudication <input type="radio"/> Peripheral Vascular Disease <input type="radio"/> Other: _____
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APPOINTMENT DATE/TIME: _____