



MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

PATIENT REFERRAL FORM

Phone 334-280-1500 Fax 334-280-1600

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

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 our scheduling department, please call **334-280-1402**. 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 ☐ NO ☐

If **YES**: Please fax an insurance referral form with this sheet, if a prior authorization is required we ask that this is obtained prior to the diagnostic test being scheduled.

Authorization Number:

Start Date-Expiration Date:

New Patient Appointment Request (with Physician)

- ☐ Within one week ☐ Within 2 – 3 weeks ☐ First available ☐ Other: _____

MCA PHYSICIANS (Please check below if you or the patient have a preference for new patient appointments)

- | | | |
|---|---|--------------------------------------|
| <input type="radio"/> H. Forrest Flemming, M.D. (Interventionalist) | <input type="radio"/> Scott W. Sims, MD | <input type="radio"/> Amy Cooper, MD |
| <input type="radio"/> Paul B. Moore, M.D. (Interventionalist) | <input type="radio"/> Ashwini Sharma, MD (Peripheral/Structural/Coronary Interventionalist) | |
| <input type="radio"/> R. Eric Crum, MD (Interventionalist) | <input type="radio"/> Sergio Perez, MD (Structural/Coronary Interventionalist) | |
| <input type="radio"/> Wynne Crawford, MD (Electrophysiologist) | <input type="radio"/> John Kolawole, MD (Peripheral/Coronary Interventionalist) | |
| <input type="radio"/> Thomas H (Rocky) Wool, DO (Interventionalist) | <input type="radio"/> Tom Wool, MD (Peripheral/Coronary Interventionalist) | |

Diagnostic Testing Order Form

- ☐ Within one week ☐ Within 2 – 3 weeks ☐ First available ☐ 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"/> Stress Echo CPT Code: 93351 <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 US Abdominal Aorta CPT Code: 93978	<input type="radio"/> Duplex Lower Extremity US __Left CPT Code: 93926 __Right CPT Code: 93926 __Bilateral CPT Code: 93925 <input type="radio"/> Duplex Renal Artery Ultrasound CPT Code: 93975	<input type="radio"/> Holter Monitor: CPT Code: __3 day __7 day __14 day <input type="radio"/> Telemetry Monitor*: CPT Code: __14 day __30 day
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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"/> Aortic Stenosis <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"/> Mitral Regurg/Prolapse/Stenosis <input type="radio"/> Hypertension <input type="radio"/> Claudication or Known PVD <input type="radio"/> Fatigue <input type="radio"/> Other:
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APPOINTMENT DATE/TIME:

LOCATION:

- ☐ 273 Winton M. Blount Loop Montgomery, AL 36117
- ☐ 645 McQueen Smith Road N, Prattville, AL 36066
- ☐ 577 Huntress Drive, Suite 203 Wetumpka, AL 36092
- ☐ 199 US Highway 231 N Troy, AL 36081