pediatrix

CARDIOLOGY OF
THE ROCKY MOUNTAINS

Pediatric Cardiology Referral Form

Please fax referral to 303-839-5844 or email to DenverCardi@pediatrix.com.
Please include clinic notes, labs, and other related records with the referral

Please check desired location (if applicable)

❑ **Presbyterian St. Luke's Office**
2055 High Street
Suite 255
Denver, CO 80205
Phone: 303-860-9933

❑ **Sky Ridge Office** 10099
Ridge Gate Parkway
Suite 300
Lone Tree, CO 80124
Phone: 303-860-9933

❑ **Avista Clinic**
90 Health Park Dr.
Suite 390
Louisville, CO 80027
Phone: 303-860-9933

❑ **Colorado Springs Clinic**
6965 Tutt Blvd.
Suite 210
Colorado Springs, CO 80923
Phone: 303-860-9933

❑ **Vail Clinic**
180 S. Frontage Rd. West
Vail, CO 81657
Phone: 303-860-9933

❑ **Loveland Clinic**
2500 Rocky Mountain Ave.
Suite 100
Loveland, CO 80538
Phone: 303-860-9933

❑ **Scottsbluff Clinic**
Two W 42nd St.
Suite 2800
Scottsbluff, NE 69361
Phone: 303-860-9933

❑ **Greeley Clinic**
1600 23rd Ave.
Greeley, CO 80634
Phone: 303-860-9933

❑ **Gillette Clinic**
501 South Burma Ave.
Gillette, WY 82716
Phone: 303-860-9933

❑ **Casper Clinic**
940 E 3rd St..
Suite 201
Casper, WY 82601
Phone: 303-860-9933

❑ **Glenwood Springs Clinic**
1905 Blake Ave.
Suite 201
Glenwood Springs, CO 81601
Phone: 303-860-9933

Date of referral: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Guardian Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Phone: _____ Alt Phone: _____

INSURANCE INFORMATION

Insurance: _____ ID #: _____ Group #: _____

Policy Holder: _____ DOB: _____ Relationship to Pt. _____

REFERRING PROVIDER

Referring Provider: _____ NPI: _____ Medicaid TPI: _____

Phone: _____ Fax: _____

DESIRED SCHEDULING TIME FRAME FOR REFERRAL

Routine: _____ Urgent: _____

SERVICES REQUESTED

❑ Pediatric cardiology consultation
❑ EKG
❑ Other _____
_____

INDICATION FOR REFERRAL

❑ Abnormal EKG
❑ Abnormal fetal screen
❑ ADHD screen
❑ Arrhythmia/Palpitations
❑ Cardiomyopathy
❑ Chest pain
❑ Congenital heart disease
❑ Dyspnea
❑ FH heart disease
❑ Hypercholesterolemia
❑ Hypertension
❑ Irregular HR
❑ Kawasaki Disease
❑ Murmur
❑ Post COVID clearance
❑ Syncope
❑ Other _____

Additional Comments (if applicable): _____

_____

• Thank you for the opportunity and privilege to care for your patient •