PEDIATRIC AND CONGENITAL CARDIOLOGY ASSOCIATES OF TEXAS

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- ☐ Christine Dillingham, N.P.
- ☐ Heather Hymel, N.P.
- ☐ Julie Manning, N.P.
- ☐ Kristy Neff, N.P.
- ☐ Lisa Pomeroy, N.P.
- ☐ Emily Viesca, N.P.
- ☐ Nancy Yedanapalli, N.P.

Referral Order

Patient Information: **Date:**____________________

Patient name ____ DOB ____________________________

Address ____ Patient SS# ____________________

Guardian name ____ Guardian SS# ____________________

Contact numbers (W) ____________________ (H)____________________(Cell) ____________________

Insurance Information:

Address ____

Primary insurance ____ Claim phone ____________________

Subscriber name ____________________ DOB __________ SS# ____________________

Insurance ID#____________________ Group#__________ Authorization# ____________________

Referring Physician Information:

Referring physician ____________________ Phone (for physician contact) ____________________

Medicaid TPI#____________________ Fax (to send appointment results) ____________________

NPI# ____________________ UPIN#____________________

Appointment priority ______ Next available | ______ Within one week** ______Same day** |

****Referring physician must contact our offices so we can facilitate the request.**

Cardiology Services Requested

Consultation

- ____ ECHO (2-D, color and doppler)
- ____ EKG
- ____ 24-hour holter
- ____ Event monitor

Reason For Referral

- ____ Murmur
- ____ Dyspnea
- ____ Cardiomyopathy
- ____ FH heart disease
- ____ Hypertension
- ____ Abnormal EKG
- ____ ADHD screen
- ____ Irregular HR
- ____ Chemotherapy
- ____ Arrhythmia/palpitations
- ____ Syncope
- ____ Chest pain
- ____ Kawasaki disease
- ____ Other ________________

Physician signature: ____

Additional comments: ____