



# PROVIDER REFERRAL FORM

Phone: (907) 561-3211 Fax: (800) 537-4124

**Providence Campus**  
3841 Piper Street, Suite T-100  
Anchorage, AK 99508

**Alaska Regional Campus**  
2751 DeBarr Road, Suite B-200  
Anchorage, AK 99508

**Matsu**  
3125 E. Meridian Park Lp, Suite 200  
Wasilla, AK 99654

**Soldotna**  
240 Hospital Place Suite 202  
Soldotna, AK 99669

PATIENT INFORMATION – <i>May attach demo sheet</i>				
Last Name:	First Name:	M.I.:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:		City:	State:	Zip:
Cell/Home Phone:	Work Phone:	Email:		

**REASON FOR CONSULT:** \_\_\_\_\_

Additional signs, symptoms, or diagnoses (only list definitive diagnosis(es), sign(s), or symptom(s) that support medical necessity.

**Circle all that apply:**

Abnormal EKG	Chest Pain	Palpitations/ Arrhythmia
Coronary Artery Disease	Dizziness	Heart Failure
Dyspnea/Shortness of breath	Syncope	

**Other Diagnosis:**

PRE-OPERATIVE EVALUATION:    Surgery Date: \_\_\_\_\_

**ROUTINE**                       **URGENT**

- SUB-SPECIALTY REQUEST:            Electrophysiology                      Interventional/Structural
- CONSULTATION will be performed unless indicated here:                       NO
- TESTING –Next page

To expedite the scheduling process, **please include the following with your referral:**

Recent Chart Notes     Recent EKG     Medication list     Allergies \_\_\_\_\_

Are you a Medicare Approved Provider:     YES     NO

**Optional:**

Primary Insurance:	Insurance ID:	Group #:	Subscriber Name:	Subscriber DOB:
Secondary Insurance:	Insurance ID:	Group #:	Subscriber Name:	Subscriber DOB:

Ordering Provider Name:	Signature:	Date:	Ph./Fax Number:
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## TESTING ONLY

**AHVI Provider to assess and order appropriate testing.**

STRESS TESTING	MRI	ECHOCARDIOGRAM
<input type="checkbox"/> Nuclear Stress Test <input type="checkbox"/> Simple Exercise Treadmill Test  <u>Reason for Testing:</u>	<input type="checkbox"/> Cardiac MRI–Function and Viability Only <input type="checkbox"/> Cardiac MRI – Stress <input type="checkbox"/> Chest MRA – Chest and Thoracic Aorta <input type="checkbox"/> Chest MRA – Neck and Carotid Arteries <input type="checkbox"/> Chest MRA – Abd and Abdominal Aorta <input type="checkbox"/> Other MRA – <u>List Type:</u>	<input type="checkbox"/> Complete Echocardiogram <input type="checkbox"/> Bubble study (for intracardiac shunt, PFO) <input type="checkbox"/> 3-D Echocardiography <input type="checkbox"/> Strain Imaging or Oncology Protocol <input type="checkbox"/> Limited Echocardiogram <input type="checkbox"/> Stress Echocardiogram <u>Reason for exam:</u>
VASCULAR	CT SCAN	ELECTROPHYSIOLOGY (EP)
<input type="checkbox"/> Abdominal Aorta US – Complete <input type="checkbox"/> Abdominal Aorta US – AAA Only Ultrasound <input type="checkbox"/> Ankle Brachial Indices (ABI) <input type="checkbox"/> Stress <input type="checkbox"/> Without stress <input type="checkbox"/> Carotid Duplex <input type="checkbox"/> Lower Extremity <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Renal Artery Ultrasound <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> CT Angiography – Thoracic Aorta <input type="checkbox"/> CT Angiography – Abdominal Aorta with Run Off <input type="checkbox"/> Cardiac CT – Coronary Angiography <input type="checkbox"/> Cardiac Calcium Score <input type="checkbox"/> Chest CT (with contrast) <input type="checkbox"/> Chest CT (without contrast) <input type="checkbox"/> Lung Cancer Screening and Counseling (LDCT)	<input type="checkbox"/> Cardiac Event Monitor (30 day) <input type="checkbox"/> Cardiac Event Monitor (14 day) <input type="checkbox"/> Cardiac Event Monitor (7 day) <input type="checkbox"/> EKG <input type="checkbox"/> Holter Monitor (48 hour) <input type="checkbox"/> Holter Monitor (24 hour)

**PATIENT CHARACTERISTICS:**

Helps determine appropriate testing and triage – Check all that apply.

- Coronary Artery Disease
- Abnormal EKG
- Limited Mobility / Cannot run on treadmill
- Heart Failure
- Atrial Fibrillation
- Intermediate or High Pre-Test Probability of Coronary Artery Disease
- Other: \_\_\_\_\_

CONSULTATION will be performed if testing is abnormal unless indicated here  NO

Ordering Provider Name:	Signature:	Date:	Ph/Fax Number:
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