ALASKA HEART & VASCULAR INSTITUTE
The heart of a healthy community

PROVIDER REFERRAL FORM

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

Providence Campus
3841 Piper Street, Suite T-100
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 – ***May attach demographics sheet***				
Last Name:	**First Name:**	**M.I.:**	**DOB:**	**Gender:** ☐ **Male** ☐ **Female** ☐ **Other**
Address:		**City:**	**State:**	**Zip:**
Cell/Home Phone:	**Work Phone:**	**Email:**		
Primary Insurance:	**Insurance ID:**	**Group #:**	**Subscriber Name / DOB:**	
Secondary Insurance:	**Insurance ID:**	**Group #:**	**Subscriber Name / DOB:**	

To expediate processing, please include the following: recent chart notes, EKG, Labs, Medication list, Allergies and Demographics and fax: **(800) 537-4124**.

☐ **STAT (within 72 hrs)** ☐ **URGENT (WITHIN 2 WEEKS)**

☐ **ROUTINE (NEXT AVAILABLE)** ☐ **TESTING ONLY**

REASON FOR CONSULT (PLEASE INCLUDE ICD CODES/DIAGNOSIS):
Additional signs, symptoms, or definitive diagnoses that support medical necessity

_____

_____

PRE-OPERATIVE EVALUATION:

Surgery Date: _____ Surgeon: _____

IF SURGERY IS NOT SCHEDULED, PATIENT WILL BE SCHEDULED NON-URGENTLY

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DIAGNOSTIC TESTING REQUESTED

STRESS TESTING	MRI	ECHOCARDIOGRAM
□ PET / CT w/ myocardial bloodflow □ Nuclear Stress Test □ Pharmacological □ Exercise □ Exercise Treadmill Test □ CPX □ Bike □ Treadmill Can the patient walk on a treadmill? □ YES □ NO Patient's BMI: _____	□ Cardiac MRI–Function and Viability Only □ MRI function only (No contrast, for EF, valve) □ Cardiac MRI – Stress □ Chest MRA – Chest and Thoracic Aorta □ Chest MRA – Abd and Abdominal Aorta □ Other MRA **List Type**: _____ □ Plaque Analysis if indicated	□ Complete Echocardiogram □ Bubble study (for intracardiac shunt, PFO) □ Strain □ Limited Echocardiogram □ Stress Echocardiogram □ Pharmacological □ Exercise
VASCULAR	**CT SCAN**	**ELECTROPHYSIOLOGY (EP)**
□ Abdominal Aorta US – Complete □ Abdominal Aorta US – AAA Only Ultrasound □ Ankle Brachial Indices (ABI) □ Stress □ Without stress □ Carotid Duplex □ Lower Extremity □ Arterial or □ Venous *Circle:* L / R □ Upper Extremity □ Arterial or □ Venous *Circle:* L / R □ Renal Artery Ultrasound	□ CCTA □ Pre-medicated w/ betablockers □FFR □Plaque Analysis □ Cardiac Calcium Score □ CT Angiography – Thoracic Aorta □ CT Angiography – Abdominal Aorta with Run Off □ Lung Cancer Screening & Counseling (LDCT)	□ Cardiac Event Monitor (30 day) □ Holter Monitor (14 day) ** Alaska Medicaid will not cover** □ Holter Monitor (7 day) ** Alaska Medicaid will not cover** □ Holter Monitor (48 hour) □ Holter Monitor (24 hour) □ EKG / ECG

PATIENT CHARACTERISTICS:

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

_____ Implanted Device _____ Pregnant _____ Limited Mobility

_____ Other: _____

Ordering Provider Name:	**Date:**	**Return Fax Number (for Titan receipt):**

Revised 06.2026

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