

Non-Invasive Cardiology Procedure Order Form

Thank you for choosing to refer your patient to the UCSF and John Muir Health Berkeley Outpatient Center. To start the referral process, please complete this form and fax it directly to the clinic.

- Fax this form to (510) 985-5202.
- Send brief, pertinent medical records, including test results and imaging that support the procedure if available.
- Send a copy of the patient's insurance card (both sides) and HMO authorization if required.
- For help referring a patient, call (800) 444-2559.

Date:	From:
No. of pages:	Title:
To: Berkeley Outpatient Center	Phone:
Fax: (510) 985-5202	Fax:

PATIENT INFORMATION

Name of patient:	DOB:	
Home phone:	<input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone	
Parent or caregiver:		
Address:		
City:	State:	Zip:
Insurance:		

CONSULTING REQUEST INFORMATION

Diagnosis/ICD-9/10:	
Name of UCSF MD (if known):	Specialty: Cardiology
Reason for procedure:	
Is authorization required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, authorization number: _____

**THIS FORM MUST BE COMPLETED AND FAXED TO BERKELEY OUTPATIENT CENTER CARDIOLOGY
PRIOR TO SCHEDULING**

PROCEDURE REQUESTED

- Electrocardiography
- Ambulatory electrocardiography
 - 24-hour Holter
 - 48-hour Holter
 - 1 to 7-day extended Holter ("Zio")
 - 7 to 14-day extended Holter ("Zio")
 - Event monitor
 - Telemetry
- Echocardiography, 2D and 3D, with Doppler and strain
- Treadmill stress ECG
- Stress echocardiogram
- ABI
- Carotid Doppler
- Renal artery Doppler
- Upper extremity arterial
 - left
 - right
 - bilateral
- Upper extremity venous
 - left
 - right
 - bilateral
- Lower extremity arterial
 - left
 - right
 - bilateral
- Lower extremity venous
 - left
 - right
 - bilateral
- Graft imaging
 - left upper extremity
 - right upper extremity
- Abdominal aorta ultrasound

REFERRING PHYSICIAN INFORMATION

Referring MD: _____ Specialty: _____

Phone: _____ Fax: _____

Primary care provider: _____ Phone: _____

Signature: _____

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.