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Francis J. Fahey, MD, FACC
George Monir, MD, FACC
Jose H. Arias, MD, FACC
Puxiao Cen, MD, FACC

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Patricia A. Guerrero, MD, FACC
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William H. Willis, Jr., MD, FACC, FACP
James A. Miner, MD, FACC
H.B. Karunaratne, MD, FACC
Alejandro C. Franceschi, MD, FACC
Hector F. Lozano, MD, FACC

Referral by Fax

Referring Physician:____________________________________ Phone:_______________________

Patient Name:____ DOB:________________________

Diagnosis:____

Insurance Company:____
Please fax copy of insurance card with referral

Patient Contact Numbers:

Home________________________ Cell_________________________Work________________________

Patient is being referred to Florida Heart Group for:

☐ Consultation Only (Fax all current and/or relevant labs, office notes, EKG, and any cardiac-related diagnostic exams)

☐ New Patient Evaluation (Fax all current and/or relevant labs, office notes, EKG, and any cardiac-related diagnostic exams)

☐ Vein Center Consult

☐ Testing Only (check appropriate boxes below)

- ☐ Carotid
- ☐ Echo 2D m-Mode
- ☐ Venous Doppler ☐ Arterial Doppler ☐ Peripheral Doppler
  (Upper Ext___Lower Ext_______) (Bilateral_______Unilateral_______)
- ☐ Nuclear Stress, 1-day Cardiac PET
- ☐ Nuclear Stress Test, 2-Day Cardiolite (check appropriate box below)
  - ☐ Treadmill Stress ☐ Adenosine Stress
- ☐ Exercise Stress Test (treadmill)
- ☐ Event Recorder
- ☐ Holter Monitor
- ☐ Other____

Fax completed referral form, copy of insurance card, and all current and/or relevant medical records to 407-894-8701. To select a specific physician, please circle your selection at the top of this form. Once received, patients will be contacted and scheduled as indicated above.

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