Cardiology Associates of Fredericksburg, Ltd.

APPOINTMENT REQUEST

Preferred Practitioner (if applicable) ☐ FIRST AVAILABLE

☐ Richard A. Lewis, M.D., F.A.C.C.
☐ Frank R. Snow, M.D., F.A.C.C.
☐ Gregory J. Kauffman, M.D., F.A.C.C.
☐ Scott J. Seidner, M.D., F.A.C.C.
☐ Patrick J. Fitzsimmons II, M.D.
☐ Anh D. Vu, M.D.
☐ Anita Banerjee, M.D., F.A.C.C.
☐ Ashok Talreja, M.D., F.A.C.C., F.H.R.S. (Electrophysiology)
☐ Christine Howell, M.S.N., A.C.N.P.
☐ Jill Sarbaugh, M.S.N., A.N.P.
☐ Jessica Overcash, M.S.N., N.P.

Requested Services Visit www.fredcardio.com for more information about physicians and services.

☐ Consult
☐ Electrophysiology Consult
☐ Pre-op Clearance
☐ Electrocardiogram (EKG)
☐ Holter Monitor (24-hour/48-hour)
☐ Arrhythmia Monitor (30-day)
☐ Routine Exercise Stress Test
☐ Exercise Nuclear Stress Test
☐ Pharmacologic Nuclear Stress Test
Severe lung disease? – YES / NO
☐ Stress Echocardiogram
☐ Dobutamine Stress Echocardiogram
☐ Echocardiogram
☐ Saline Contrast Echocardiogram
☐ Carotid Duplex
Hospital Outpatient Procedures
☐ Tilt Table Test
☐ Transesophageal Echocardiogram

☐ **FOLLOW-UP CONSULT *IF* TEST RESULTS ARE ABNORMAL**

Referring Office Information

Ordering Physician____________________ Urgency of Request________________

Office Contact____________ Phone____________ Fax____________

Patient Information

Name (Last, First MI)____________________ SSN____/____/____

DOB____/____/____ Sex M / F Diabetic YES / NO Weight____________

Address____________________City__________State______Zip______

Home Phone____________ Work Phone____________ Cell Phone____________

Primary Insurance________________Policy#____________Group#________

Secondary Insurance________________Policy#____________Group#________

INCLUDE COPY OF FRONT AND BACK OF INSURANCE CARDS

Referral/Authorization #____________________

DIAGNOSIS	Date of onset

MEDICATIONS

SPECIAL NEEDS (i.e. deaf, wheelchair, etc.)

PLEASE FAX COMPLETED FORM TO 540-373-1124
INCLUDE CURRENT EKG, LAST OFFICE NOTE AND
RECENT LABS IF AVAILABLE
Our office will notify you when the appointment has been schedule.

OFFICE USE ONLY

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Massaponax Medical Park
9530 Cosner Drive, Suite 200 • Fredericksburg, Virginia 22408
(540) 373-1331 • Fax (540) 373-1124 • www.fredcardio.com