Cardiology Associates of Fredericksburg, Ltd.

APPOINTMENT REQUEST

Preferred Practitioner (if applicable) ☐ FIRST AVAILABLE

General Cardiology	Interventional Cardiology	Electrophysiology
☐ Frank R. Snow, MD, FACC	☐ Zeshan A. Rana, MD, FACC, RPVI	☐ Ashok Talreja, MD, FACC, FHRS
☐ Gregory J. Kauffman, MD, FACC	☐ Arijit Chanda, MD, RPVI	☐ Peem Lorvidhaya, MD
☐ Anh D. Vu, MD		

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

Requested Services

☐ Cardiology Consult	☐ Electrocardiogram (EKG)	☐ Echocardiogram (TTE)
☐ Electrophysiology Consult	☐ Routine Exercise Stress Test (GXT)	☐ Saline Contrast Echocardiogram
☐ Peripheral Vascular Consult	☐ Exercise Nuclear Stress Test (NGXT)	Hospital Outpatient Procedures
☐ Consult for Cardiac Monitor	☐ Pharmacologic Nuclear Stress Test Severe lung disease? – YES / NO	☐ Consult for Tilt Table Test
☐ Pre-op Clearance		☐ Consult for Transesophageal Echocardiogram (TEE)
☐ Carotid Duplex	☐ Stress Echocardiogram	

Referring Office Information (A signed physician's order must accompany this request or provide signature below.)

Ordering Physician__________________ Urgency of Request__________________

Physician Signature__________________ Order Date__________________

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.)

OFFICE USE ONLY

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 scheduled.

Massaponax Medical Park
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(540) 373-1331 • Fax (540) 373-1124 • www.fredcardio.com