



MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

273 Winton M. Blount Loop Montgomery, AL 36117 | 645 McQueen Smith Road N, Suite 108, Prattville, AL 36066 |
515 Hospital Drive, Suite A, Wetumpka, AL 36092 | 1412 Elba Highway 2nd Floor, Troy, AL 36079

PATIENT REFERRAL FORM

Patient Name: Leon Higdon	Date of Birth: 03/20/1966
Referring MD: (PLEASE PRINT) LINDSEY BARTON	
Referring MD Phone #: (334) 244-3281	Referring MD Fax #: (334) 244-3316
Referring MD Signature: <i>[Signature]</i>	

Fax this form to **334-280-1600** and include: Patient Demographic Sheet, Recent Office Notes, Labs, EKG, and Recent Testing. An appointment will be scheduled using the information provided. If you need to speak with someone in scheduling, please call **334-280-1527**. We will fax this form back to you with the appointment date and time.

Insurance Referral/Prior Authorization

Does this patient's insurance require a referral or prior authorization for diagnostic testing? YES ☐ NO ☐
If YES: Please fax the referral form with this sheet. If a prior authorization is required we ask that this be obtained and faxed to us as soon as possible as to not delay testing.
Authorization Number: _____ Start Date-Expiration Date: _____

New Patient Appointment Request (with Physician)

☒ Within one week	☐ Within 2 – 3 weeks	☐ First available	☐ Other: _____
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MCA PHYSICIANS (Please check below if you have a preference for new patients)

☐ H. Forrest Flemming, M.D. (Interventionalist)	☐ Amy B. Cooper, M.D.
☐ Paul B. Moore, M.D. (Interventionalist)	☐ Scott W. Sims, M.D.
☐ Wynne Crawford, M.D. (Electrophysiologist)	☐ Sushant S. Khaire, M.D. (Peripheral/Coronary Interventionalist)
☐ R. Eric Crum, M.D. (Interventionalist)	☐ Justin W. Smith, M.D. (Electrophysiology/Ablations)

Diagnostic Testing

☒ Within one week	☐ Within 2 – 3 weeks	☐ First available	☐ Other: _____
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☒ Nuclear Stress Test (SPECT Myocardial Perfusion Study) CPT Code: 78452 ☐ Standard Exercise Stress Test CPT Code: 93015 ☐ MUGA Scan CPT Code: 78472	☒ Echocardiogram CPT Code: 93306 ☐ Carotid Ultrasound CPT Code: 93880 ☐ Bubble Study CPT Code: 93306 ☐ Duplex Renal US CPT Code: 93975	☐ Duplex Lower Extremity US ☐ Duplex US Abdominal Aorta CPT Code: 93978 ☐ Holter Monitor: CPT Code: 93225 ___ 24 Hour ___ 36 Hour ___ 48 Hour ___ 72 Hour ☐ Event Monitor CPT Code: 93270 ___ 7 days ___ 14 days ___ 21 days ___ 30 days
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Reason for Referral (Check ALL That Apply)

☐ Chest Pain ☐ Angina Pectoris ☐ Shortness of Breath ☐ Previous Abnormal Stress Test ☐ Previous Abnormal Echo ☐ Coronary Artery Disease ☐ Murmur	☒ Congestive Heart Failure ☒ Abnormal EKG ☐ Syncope ☐ Palpitations ☐ PVC's ☐ PAC's ☐ Atrial Fibrillation	☐ Atrial Flutter ☐ Dizziness ☒ Hypertension ☐ Claudication ☒ Peripheral Vascular Disease ☒ Other: Hyperlipidemia
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APPOINTMENT DATE/TIME: _____