



# 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 2<sup>nd</sup> Floor, Troy, AL 36079

## PATIENT REFERRAL FORM

|                                                    |                                           |
|----------------------------------------------------|-------------------------------------------|
| Patient Name: <u>Gerry Smith</u>                   | Date of Birth: <u>12/16/63</u>            |
| Referring MD: (PLEASE PRINT) <u>Lindsey Bakton</u> |                                           |
| Referring MD Phone #: <u>(334) 244-3281</u>        | Referring MD Fax #: <u>(334) 244-3396</u> |
| Referring MD Signature: <u>[Signature]</u>         |                                           |

Fax this form to 334-280-1000 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: \_\_\_\_\_

### MCA PHYSICIANS (Please check below if you have a preference for new patients)

- |                                                                     |                                                                                       |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="radio"/> H. Forrest Flemming, M.D. (Interventionalist) | <input type="radio"/> Amy B. Cooper, M.D.                                             |
| <input type="radio"/> Paul B. Moore, M.D. (Interventionalist)       | <input type="radio"/> Scott W. Sims, M.D.                                             |
| <input type="radio"/> Wynne Crawford, M.D. (Electrophysiologist)    | <input type="radio"/> Sushant S. Khaire, M.D. (Peripheral/Coronary Interventionalist) |
| <input type="radio"/> R. Eric Crum, M.D. (Interventionalist)        | <input type="radio"/> Justin W. Smith, M.D. (Electrophysiology/Ablations)             |

### Diagnostic Testing

- ☐ Within one week
 ☐ Within 2 – 3 weeks
 ☐ First available
 ☐ Other: \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Nuclear Stress Test (SPECT Myocardial Perfusion Study)<br>CPT Code: 78452<br><br><input type="radio"/> Standard Exercise Stress Test<br>CPT Code: 93015<br><br><input type="radio"/> MUGA Scan<br>CPT Code: 78472 | <input checked="" type="radio"/> Echocardiogram<br>CPT Code: 93306<br><br><input type="radio"/> Carotid Ultrasound<br>CPT Code: 93880<br><br><input type="radio"/> Bubble Study<br>CPT Code: 93306<br><br><input type="radio"/> Duplex Renal US<br>CPT Code: 93975 | <input type="radio"/> Duplex Lower Extremity US<br><br>___ Left CPT Code: 93926<br>___ Right CPT Code: 93926<br>___ Bilateral CPT Code: 93925<br><br><input type="radio"/> Duplex US Abdominal Aorta<br>CPT Code: 93978 | <input type="radio"/> Holter Monitor:<br>CPT Code: 93225<br><br>___ 24 Hour ___ 36 Hour<br>___ 48 Hour ___ 72 Hour<br><br><input type="radio"/> Event Monitor<br>CPT Code: 93270<br><br>___ 7 days ___ 14 days<br>___ 21 days ___ 30 days |
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### Reason for Referral (Check ALL That Apply)

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Chest Pain<br><input type="radio"/> Angina Pectoris<br><input type="radio"/> Shortness of Breath<br><input type="radio"/> Previous Abnormal Stress Test<br><input type="radio"/> Previous Abnormal Echo<br><input type="radio"/> Coronary Artery Disease<br><input checked="" type="radio"/> Murmur | <input type="radio"/> Congestive Heart Failure<br><input type="radio"/> Abnormal EKG<br><input type="radio"/> Syncope<br><input type="radio"/> Palpitations<br><input type="radio"/> PVC's<br><input type="radio"/> PAC's<br><input type="radio"/> Atrial Fibrillation | <input type="radio"/> Atrial Flutter<br><input type="radio"/> Dizziness<br><input type="radio"/> Hypertension<br><input type="radio"/> Claudication<br><input type="radio"/> Peripheral Vascular Disease<br><input type="radio"/> Other: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

APPOINTMENT DATE/TIME: Wetumpka @ 1:30