

MCA • 273 Winton M Blount Loop, Montgomery AL 36117-3507

SMITH, GERRY (id #192392, dob: 06/16/1963)

Admin Documents

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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: <u>Gerry Smith</u>	Date of Birth: <u>06/16/1963</u>
Referring MD: (PLEASE PRINT) <u>Lindsey Barton</u>	
Referring MD Phone # <u>(334) 244-2281</u>	Referring MD Fax # <u>(334) 244-3316</u>
Referring MD Signature: <u>[Signature]</u>	

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 334-280-1522. 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)

- | | |
|--|---|
| ☐ 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. Khair, 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: _____

☐ Nuclear Stress Test (SPECT Myocardial Perfusion Study) CPT Code: 78452	☐ Echocardiogram CPT Code: 93306	☐ Duplex Lower Extremity US	☐ Holter Monitor: CPT Code: 93225
☐ Standard Exercise Stress Test CPT Code: 93015	☐ Carotid Ultrasound CPT Code: 93880	☐ Left CPT Code: 93926	☐ 24 Hour ☐ 36 Hour
☐ MUGA Scan CPT Code: 78472	☐ Bubble Study CPT Code: 93306	☐ Right CPT Code: 93926	☐ 48 Hour ☐ 72 Hour
	☐ Duplex Renal US CPT Code: 93975	☐ Bilateral CPT Code: 93925	☐ Event Monitor CPT Code: 93270
		☐ Duplex US Abdominal Aorta CPT Code: 93978	☐ 7 days ☐ 14 days
			☐ 21 days ☐ 30 days

Reason for Referral (Check ALL That Apply)

☐ Chest Pain	☐ Congestive Heart Failure	☐ Atrial Flutter
☐ Angina Pectoris	☐ Abnormal EKG	☐ Dizziness
☐ Shortness of Breath	☐ Syncope	☐ Hypertension
☐ Previous Abnormal Stress Test	☐ Palpitations	☐ Claudication
☒ Previous Abnormal Echo	☐ PVC's	☐ Peripheral Vascular Disease
☒ Coronary Artery Disease	☐ PAC's	☒ Other: <u>eval of valvular heart disease</u>
☒ Murmur	☐ Atrial Fibrillation	

APPOINTMENT DATE/TIME: _____

DR. Wynne Crawford on 4/15 @ 8a
Scheduled with patient !!