

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



**Brier Creek Office**  
10208 Cerny Str., St.106  
Raleigh, NC 27617  
Phone # (984) 215-4540  
Fax # (984) 215-4541

Malay Agrawal, MD
Sunil P. Chand, MD
Joseph M. Falsone, MD
Nikhil Jariwala, MD

**-Referral Request-**

**Cary Office**  
1505 SW Cary Parkway, St.300  
Cary, NC 27511  
Phone # (919) 387-3260  
Fax # (919) 919-367-2617

**Clayton Office**  
2076 Hwy. 42 West  
Clayton, NC 27520  
Phone # (919) 359-0322  
Fax # (919) 359-0326

**Clinton Office**  
603 Beaman Street, St. 5  
Clinton, NC 28328  
Phone # (919) 787-5380  
Fax # (919) 784-6184

**Garner Office**  
300 Health Park Drive, St.200  
Garner, NC 27529  
Phone # (919) 250-2260  
Fax # (919) 250-2261

James G. Jollis, MD	Mateen Akhtar, MD	Randolph A. S. Cooper, MD	George L. Adams, MD
Sameh K. Mobarek, MD	Benjamin Atkeson, MD	William N. Newman, MD	Benjamin Atkeson, MD
Bruce W. Usher, Jr., MD	Christian Gring, MD	Sidharth A. Shah, MD	Nikhil Jariwala, MD
D. Benson Walker, MD	Eric M. Janis, MD		James G. Jollis, MD
James P. Zidar, MD			Mohit Pasi, MD
			Bruce W. Usher, Jr., MD

**Goldsboro Office**  
2615 Hospital Road, St. 300  
Goldsboro, NC 27534  
Phone # (919) 734-0033  
Fax # (919) 734-6999

**Holly Springs Office**  
781 Avent Ferry Rd, St. 204  
Holly Springs, NC 27540  
Phone # (919) 787-5380  
Fax # (919) 784-5605

**Knightdale Office**  
6602 Knightdale Blvd., St. 205  
Knightdale, NC 27545  
Phone # (984) 215-3955  
Fax # (984) 215-3956

**Lillington Office**  
701 S. Main Street  
Lillington, NC 27546  
Phone # (910) 814-3201  
Fax # (910) 814-3207

Mateen Akhtar, MD	Ashley M. Lewis, MD	Christian Gring, MD	Ashley M. Lewis, MD
Waheed Akhtar, MD	Bruce W. Usher, Jr., MD	Arthur Y. Chow, MD	Gregory C. Rose, MD
Randolph A. S. Cooper, MD	D. Benson Walker, MD	Matthew A. Hook, MD	D. Benson Walker, MD
Mohammed A. Farooqui, MD		Nikhil Jariwala, MD	
Matthew A. Hook, MD		Robert Wesley, MD	
Gregory C. Rose, MD			
Joel E. Schneider, MD			

**Louisburg Office**  
500 Redwood Lane  
Louisburg, NC 27549  
Phone # (919) 496-3909  
Fax # (919) 496-5032

**Raleigh Office – Rex Main Campus**  
Medical Office Building  
2800 Blue Ridge Rd., Suite 400  
Raleigh, NC 27607

Phone # (919) 787-5380  
Fax # (919) 784-5605  
EP Fax # (919) 784-6184

Andrew Kronenberg, MD	George L. Adams, MD	Sameh K. Mobarek, MD	Sidharth A. Shah, MD
	Arthur Y. Chow, MD	William N. Newman, MD	D. Benson Walker, MD
	Randolph A. S. Cooper, MD	Deepak Pasi, MD	Robert Wesley, MD
	Joseph M. Falsone, MD	Mohit Pasi, MD	Willis M. Wu, MD
	R. Lee Jobe, MD	Gregory C. Rose, MD	James P. Zidar, MD
	James G. Jollis, MD	Ravish Sachar, MD	
	Ashley M. Lewis, MD	Joel E. Schneider, MD	

**Rocky Mount Office**  
901 N. Winstead Ave., Ste. 44  
Rocky Mount, NC 27804  
Phone # (919) 787-5380  
Fax # (919) 784-5605

**Smithfield Office**  
910 Berkshire Road  
Smithfield, NC 27577  
Phone # (919) 989-7909  
Fax # (919) 989-3147

**Wakefield Office**  
11200 Governor Manly Way  
Suite 303A  
Raleigh, NC 27614  
Phone # (919) 570-7590  
Fax # (919) 570-7636

**Wilson Office**  
2605 Forest Hills Rd, St D  
Wilson, NC 27893  
Phone # (252) 243-7161  
Fax # (252) 243-7242

Randolph A. S. Cooper, MD	Mateen Akhtar, MD	George L. Adams, MD	Malay Agrawal, MD
Sidharth A. Shah, MD	Benjamin Atkeson, MD	Andrew Kronenberg, MD	Sunil P. Chand, MD
	Randolph A. S. Cooper, MD	Sameh K. Mobarek, MD	Sanjay Cherukuri, MD
	Matthew A. Hook, MD	Deepak Pasi, MD	Randolph A. S. Cooper, MD
	Eric M. Janis, MD	Mohit Pasi, MD	Geoffrey Lewis, MD
	Geoffrey F. Lewis, M.D.	James P. Zidar, MD	Paul Perez-Navarro, MD
			Ravish Sachar, MD
			Sidharth A. Shah, MD

**Please fax referral form directly to the requested office.  
\*\*PLEASE SEND PATIENT OFFICE NOTE AT TIME OF FAX REFERRAL\*\***

**-Referral Request-**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Referring Physician Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Referral Contact: \_\_\_\_\_

**DX:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_ **Ins. Auth & Exp. Date** \_\_\_\_\_

<p><b>Cardiology Consultation: ___ Yes ___ No</b> <b>If yes, with who? Please circle</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">George Adams, MD</td> <td style="width:33%;">Malay Agrawal, MD</td> <td style="width:33%;">Mateen Akhtar, MD</td> </tr> <tr> <td>Waheed Akhtar, MD</td> <td>Benjamin Atkeson, MD</td> <td>Sunil Chand, MD</td> </tr> <tr> <td>Arthur Chow, MD</td> <td>Randolph Cooper, MD</td> <td>Sanjay Cherukuri, MD</td> </tr> <tr> <td>Joseph Falsone, MD</td> <td>Mohammed A. Farooqui, MD</td> <td>Christian Gring, MD</td> </tr> <tr> <td>Matthew Hook, MD</td> <td>Eric Janis, MD</td> <td>Nikhil Jariwala, MD</td> </tr> <tr> <td>Lee Jobe, MD</td> <td>James Jollis, MD</td> <td>Andrew Kronenberg, MD</td> </tr> <tr> <td>Ashley Lewis, MD</td> <td>Geoffrey Lewis, MD</td> <td>Samek Mobarek, MD</td> </tr> <tr> <td>William Newman, MD</td> <td>Deepak Pasi, MD</td> <td>Mohit Pasi, MD</td> </tr> <tr> <td>Paul Perez-Navarro, MD</td> <td>Gregory Rose, MD</td> <td>Ravish Sachar, MD</td> </tr> <tr> <td>Joel Schneider, MD</td> <td>Sidharth Shah, MD</td> <td>Bruce Usher, Jr., MD</td> </tr> <tr> <td>Ben Walker, MD</td> <td>Robert Wesley, MD</td> <td>Willis Wu, MD</td> </tr> <tr> <td>James Zidar, MD</td> <td colspan="2" style="text-align: center;"><b>First Available</b> <input type="checkbox"/></td> </tr> </table> <p style="text-align: center;"><b>If specific office or physician is requested, please see back side of this form.</b></p>	George Adams, MD	Malay Agrawal, MD	Mateen Akhtar, MD	Waheed Akhtar, MD	Benjamin Atkeson, MD	Sunil Chand, MD	Arthur Chow, MD	Randolph Cooper, MD	Sanjay Cherukuri, MD	Joseph Falsone, MD	Mohammed A. Farooqui, MD	Christian Gring, MD	Matthew Hook, MD	Eric Janis, MD	Nikhil Jariwala, MD	Lee Jobe, MD	James Jollis, MD	Andrew Kronenberg, MD	Ashley Lewis, MD	Geoffrey Lewis, MD	Samek Mobarek, MD	William Newman, MD	Deepak Pasi, MD	Mohit Pasi, MD	Paul Perez-Navarro, MD	Gregory Rose, MD	Ravish Sachar, MD	Joel Schneider, MD	Sidharth Shah, MD	Bruce Usher, Jr., MD	Ben Walker, MD	Robert Wesley, MD	Willis Wu, MD	James Zidar, MD	<b>First Available</b> <input type="checkbox"/>		<p><b>Vascular Consultation: ___ Yes ___ No</b> <b>If yes, with who? Please circle</b></p> <table style="width:100%; border: none;"> <tr><td>George Adams, MD</td></tr> <tr><td>Matthew Hook, MD</td></tr> <tr><td>Sanjay Cherukuri, MD</td></tr> <tr><td>Lee Jobe, MD</td></tr> <tr><td>Ashley Lewis, MD</td></tr> <tr><td>Mohit Pasi, MD</td></tr> <tr><td>Ravish Sachar, MD</td></tr> <tr><td>Joel E. Schneider, MD</td></tr> <tr><td>James P. Zidar, MD</td></tr> </table> <p style="text-align: center;"><b>First Available</b> <input type="checkbox"/></p> <p style="text-align: center;"><b>If specific office or physician is requested, please see back side of this form.</b></p>	George Adams, MD	Matthew Hook, MD	Sanjay Cherukuri, MD	Lee Jobe, MD	Ashley Lewis, MD	Mohit Pasi, MD	Ravish Sachar, MD	Joel E. Schneider, MD	James P. Zidar, MD
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**How soon do you need this consultation?** \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ ASAP

<p><b>Cardiovascular Testing</b> **If requesting only a cardiovascular test, please send office notes, labs and any other cardiac test/procedure results. Please obtain authorization for tests if insurance will allow. Please provide authorization information when requesting any testing to be performed.</p>	<p><input type="checkbox"/> <b>Pre-Authorization Obtained</b></p> <p><input type="checkbox"/> <b>Clinic Notes Attached</b></p>
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<p><b>Nuclear Imaging:</b></p> <p>___ Treadmill Cardiolute      ___ MUGA Scan</p> <p>___ Lexiscan Cardiolute      ___ Dobutamine Cardiolut</p>	<p><b>Echocardiography:</b></p> <p>___ Echocardiogram      ___ Stress Echocardiogram</p> <p>___ Bubble Study</p>
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**If requesting nuclear imaging, please provide the following information:**  
**Weight** \_\_\_\_\_ **BP** \_\_\_\_\_ **Diabetes Y/N** \_\_\_\_\_ **Smoker Y/N** \_\_\_\_\_

<p><b>Vascular Imaging:</b></p> <p>___ Aortic Duplex</p> <p>___ Bilateral Carotid</p> <p>___ Lower Extremity Arterial w/ABI ( ___ Right ___ Left ___ Bilateral)</p> <p>___ Lower Extremity Venous ( ___ Right ___ Left ___ Bilateral)</p> <p>___ Mesenteric Artery Duplex</p> <p>___ Renal Artery Duplex</p> <p>___ Upper Extremity Arterial ( ___ Right ___ Left ___ Bilateral)</p> <p>___ Upper Extremity Venous ( ___ Right ___ Left ___ Bilateral)</p>	<p><b>Other:</b></p> <p>___ 24 Hour (only) Holter Monitor</p> <p>___ 14 Day Event Monitor</p> <p>___ 30 Day Event Monitor</p> <p>___ EKG</p> <p>___ Exercise Treadmill Test</p>
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<p><b>If requesting a test, please sign below:</b>  <b>Physician Signature:</b> _____ <b>Date:</b> _____</p>
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