

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

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



**-Referral Request-**

**NEW LOCATION:**  **Brier Creek Office**  
 Phone # (984) 215-4540  
 Fax # (984) 215-4541

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

**Cary Office**  
 Phone # (919) 387-3260  
 Fax # (919) 919-367-2617

**Clayton Office**  
 Phone # (919) 359-0322  
 Fax # (919) 359-0326

**Clinton Office**  
 Phone # (919) 787-5380  
 Fax # (919) 784-5605

**Garner Office**  
 Phone # (919) 250-2260  
 Fax # (919) 250-2261

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

**Goldsboro Office**  
 Phone # (919) 734-0033  
 Fax # (919) 734-6999

**Holly Springs Office**  
 Phone # (919) 787-5380  
 Fax # (919) 784-5605

**Knightdale Office**  
 Phone # (984) 215-3955  
 Fax # (984) 215-3956

**Lillington Office**  
 Phone # (910) 814-3201  
 Fax # (910) 814-3207

Mateen Akhtar, MD	Ashley M. Lewis, MD	Arthur Y. Chow, MD	Ashley M. Lewis, MD
Waheed Akhtar, MD	Bruce W. Usher, Jr., MD	Philip Hall, MD	Gregory C. Rose, MD
Randolph A. S. Cooper, MD	D. Benson Walker, MD	Nikhil Jariwala, MD	D. Benson Walker, MD
Mohammed A. Farooqui, MD			
Matthew A. Hook, MD			
Dwijesh (DJ) B. Patel, MD			
Paul Perez-Navarro, MD			
Gregory C. Rose, MD			
Joel E. Schneider, MD			

**Louisburg Office**  
 Phone # (919) 496-3909  
 Fax # (919) 496-5032

**Raleigh Office – Rex Main Campus**  
 Phone # (919) 787-5380  
 Fax # (919) 784-5605

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	James P. Zidar, MD
	Joseph M. Falsone, MD	Mohit Pasi, MD	
	R. Lee Jobe, MD	Gregory C. Rose, MD	
	Ashley M. Lewis, MD	Ravish Sachar, MD	
	Geoffrey F. Lewis, M.D.	Joel E. Schneider, MD	

**Rocky Mount Office**  
 Phone # (919) 787-5380  
 Fax # (919) 784-5605

**Smithfield Office**  
 Phone # (919) 989-7909  
 Fax # (919) 989-3147

**Wakefield Office**  
 Phone # (919) 570-7590  
 Fax # (919) 570-7636

**Wilson Office**  
 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

**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>Philip Hall, MD</td> <td>Matthew Hook, MD</td> <td>Eric Janis, MD</td> </tr> <tr> <td>Nikhil Jariwala, MD</td> <td>Lee Jobe, MD</td> <td>Robert Kastner, MD</td> </tr> <tr> <td>Andrew Kronenberg, MD</td> <td>Ashley Lewis, MD</td> <td>Geoffrey Lewis, MD</td> </tr> <tr> <td>Sameh Mobarek, MD</td> <td>William Newman, MD</td> <td>Deepak Pasi, MD</td> </tr> <tr> <td>Mohit Pasi, MD</td> <td>Paul Perez-Navarro, MD</td> <td>Gregory Rose, MD</td> </tr> <tr> <td>Ravish Sachar, MD</td> <td>Joel Schneider, MD</td> <td>Sidharth Shah, MD</td> </tr> <tr> <td>Bruce Usher, Jr., MD</td> <td>Ben Walker, MD</td> <td>James Zidar, MD</td> </tr> </table> <p style="text-align:center;"><b>First Available</b> <input type="checkbox"/></p> <p style="text-align:center;">If specific office or physician is requested, please see back side of this form.</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	Philip Hall, MD	Matthew Hook, MD	Eric Janis, MD	Nikhil Jariwala, MD	Lee Jobe, MD	Robert Kastner, MD	Andrew Kronenberg, MD	Ashley Lewis, MD	Geoffrey Lewis, MD	Sameh 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	James Zidar, MD	<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>Dwijesh (DJ) B. Patel, 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;">If specific office or physician is requested, please see back side of this form.</p>	George Adams, MD	Matthew Hook, MD	Sanjay Cherukuri, MD	Lee Jobe, MD	Ashley Lewis, MD	Mohit Pasi, MD	Dwijesh (DJ) B. Patel, 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>  <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.</b></p>	<p><input type="checkbox"/> Pre-Authorization Obtained</p> <p><input type="checkbox"/> Clinic Notes Attached</p>
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<p><b>Nuclear Imaging:</b></p> <p>___ Treadmill Cardiolite      ___ MUGA Scan</p> <p>___ Lexiscan Cardiolite      ___ Dobutamine Cardiolite</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></p> <p><b>Physician Signature:</b> _____ <b>Date:</b> _____</p>
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