

CARDIOLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Cardiology! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-457-4252.**

Please mark the referral reason and ensure the corresponding information is enclosed:

- | | |
|---|--|
| <input type="checkbox"/> Primary care note with medication list | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Laboratory testing (within last year) | <input type="checkbox"/> Echocardiogram (echo) |
| <input type="checkbox"/> Past cardiology records | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Electrocardiogram (EKG) & any monitor results |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Echo |
| <input type="checkbox"/> Echo | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Stress Testing | |
| <input type="checkbox"/> CABG operative note and/or heart catheterization note | |
| <input type="checkbox"/> Dizziness/Syncope | |
| <input type="checkbox"/> EKG & any monitor results (30-day monitor recommended) | |
| <input type="checkbox"/> Echo | |

Our providers will review all documents once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Cardiology