



**DAYTON CARDIOLOGY AND VASCULAR CONSULTANTS
MUJTABA A. KHAN, MD**

6635 CENTERVILLE BUSINESS PKWY CENTERVILLE OH 45459-2655
(937) 951-2016 / (937) 951-2018 (Fax)

PATIENT REFERRAL

Date: _____

Patient Name: _____

Birth Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best time and location to call patient:

Patient Insurance: _____ *(Include a Prior Authorization, if required)*

Referring Physician: _____

Phone: _____

FAX: _____

Diagnosis (must be completed): _____

YOUR PATIENT MAY BE ASKED TO SIGN A WAIVER (ABN), IF THE DIAGNOSIS DOES NOT SUPPORT MEDICAL NECESSITY

Special Notes for consult & treatment: _____

Office Location: Main Office

Middletown- Atrium

200 Medical Center Drive, Middletown OH 45005

Test Only *(use Other below to explain)*

STRESS TEST

Graded Exercise Test

(regular treadmill)

Stress Cardiolute (Thallium Stress)

Lexiscan Cardiolute (Lexiscan Stress)

Dobutamine Stress Echo

Exercise Stress Echo

2D ECHO WITH DOPPLER

Other

CARDIAC MONITOR

24 to 48-hour Holter Monitor

4-week Event Monitor

Extended Telemetry

EKG

Carotid Ultrasound

Renal Ultrasound

Abdominal Ultrasound; AAA

Venous Duplex for DVT

Arterial Duplex

ABI at rest with exercise

DEVICE CHECK

Pacemaker

AICD Check

Implanted Monitor

Cardiac Device Interrogation

PLEASE FAX / EMAIL THIS FORM TO US AND WE WILL CALL THE PATIENT AND SCHEDULE AN APPOINTMENT

PLEASE FAX LAST PROGRESS NOTES/LAB WORK/CARDIAC TESTING

Select the preferred method for providing the patient's appointment time and location back to your office:

FAX CALL

FAX: (937) 951-2018 / CALL: (937) 951-2016 *(if you require assistance)*

SCHEDULED APPOINTMENT *(DCVC will fill this in)*

Date: _____ Time: _____ Location: _____ Scheduled by: _____

Date and Time FAX EMAIL CALL sent back to referring Physician's office _____