



# REQUEST FOR REFERRAL

WakeMed  
Heart & Vascular Physicians

Please visit [www.wakemed.org/heart-vascular-all-providers](http://www.wakemed.org/heart-vascular-all-providers) to obtain specific information

**Apex Office**  
WakeMed Apex  
120 Healthplex Way, 201  
Apex, NC 27502  
Phone # (919) 232-0323  
Fax # (919) 367-2693

**Brier Creek Office**  
WakeMed Brier Creek  
8001 T.W. Alexander Drive, 204  
Raleigh, NC 27617  
Phone # (919) 350-9640  
Fax # (919) 596-1928

**Cary Office**  
210 Asheville Avenue, 1<sup>st</sup> fl  
Cary, NC 27518  
Phone # (919) 350-2580  
Fax # (919) 851-4947

**Clayton Office**  
Spring Branch Medical Pavilion  
166 Springbrook Avenue, 205  
Clayton, NC 27520  
Phone # (919) 861-8939  
Fax # (919) 359-3430

Hemant Solomon, MD	Padma Hari, MD	Arun Damodaran, MD	Raj Fofaria, MD
	Chelsea Ngongang, MD	J. Richard Daw, MD	Matthew White, MD
		Siva Ketha, MD	
		Jimmy Locklear, MD	
		Hemant Solomon, MD	

**Garner Office**  
WakeMed Garner Healthplex  
400 US Highway 70 East, 200  
Garner, NC 27529  
Phone # (919) 662-5001  
Fax # (919) 662-5002

**Heart Center Office**  
WakeMed Heart Center  
3000 New Bern Avenue, G100  
Raleigh, NC 27610  
Phone # (919) 231-6132  
Fax # (919) 231-6276

**North Office**  
WakeMed North Physician Office Pavilion  
10010 Falls of Neuse Road, 307  
Raleigh, NC 27614  
Phone # (919) 847-3164  
Fax # (919) 847-3195

**Six Forks Office**  
3324 Six Forks Road  
Raleigh, NC 27609  
Phone # (919) 781-7772  
Fax # (919) 232-0329

Jeffrey, Blackburn, MD	Jason Haag, MD	Brian Go, MD	Jeffrey, Blackburn, MD
J. Mark Englehardt, MD	George Hamrick, MD	Tapan Godiwala, MD	J. Mark Englehardt, MD
	Brian Go, MD	Chelsea Ngongang, MD	George Hamrick, MD
	John Kelley, MD	Damien Marycz, MD	Padma Hari, MD
	Jimmy Locklear, MD	Marc Silver, MD	Siva Ketha, MD
	Saroj Neupane, MD		
	Marc Silver, MD		
	John Sinden, MD		
	Senthil Sundaram, MD		
	Frances Wood, MD		

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Female / Male

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

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

Referring Physician: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

DX: \_\_\_\_\_

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

Please fax referral form directly to the requested office.

**\*\*PLEASE SEND PATIENT OFFICE NOTE & INSURANCE CARD AT TIME OF FAX REFERRAL\*\***

(Front & Back of Card)

(TURN OVER)

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

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

**Cardiology Consultation: Dx:** \_\_\_\_\_

With whom? Please circle

- Arun Damodaran, MD    Jeffery Blackburn, MD.    Richard Daw, MD
- Raj Fofaria, MD        Brian Go, MD                    Tapan Godiwala, MD
- Jason Haag, MD        Padma Hari, MD                John Kelley, MD
- Siva Ketha, MD         Jimmy Locklear, MD          Damien Marycz, MD
- Saroj Neupane, MD     Chelsea Ngongang, MD        Marc Silver, MD
- John Sinden, MD      Hemant Solomon, MD         Senthil Sundaram, MD
- Francis Wood, MD

**First Available**

**Vascular Consultation: Dx:** \_\_\_\_\_

With whom? Please circle

- Brian Go, MD                    Siva Ketha, MD    Hemant Solomon, MD

**First Available**

**Device Consultation / Implantation: Dx:** \_\_\_\_\_

If yes, with whom? Please circle

- Marc Silver, MD                    Hemant Solomon, MD

**First Available**

**Electrophysiology Consultation: Dx:** \_\_\_\_\_

If yes, with whom? Please circle

- J. Mark Englehardt, MD        George Hamrick, MD

**First Available**

**Interventional Consultation: Dx:** \_\_\_\_\_

If yes, with whom? Please circle

- Brian Go, MD                    John Kelley, MD                Siva Ketha, MD
- Jimmy Locklear, MD        Damien Marycz, MD            Saroj Neupane, MD
- Francis Wood, MD

**First Available**

How soon do you need this consultation?    \_\_\_\_\_ Days    \_\_\_\_\_ Weeks    \_\_\_\_\_ ASAP

**Cardiovascular Testing**

**\*\*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.**

- Pre-Authorization Obtained
- Clinic Notes Attached
- Copy of Medical Insurance Card Attached

**Nuclear Imaging: Dx:** \_\_\_\_\_

- \_\_\_ Treadmill Cardiolute        \_\_\_ MUGA Scan
- \_\_\_ Lexiscan Cardiolute        \_\_\_ Dobutamine Cardiolute

**Echocardiography: Dx:** \_\_\_\_\_

- \_\_\_ Echocardiogram (TTE)        \_\_\_ Stress Echocardiogram
- \_\_\_ Bubble Study                    \_\_\_ Transeophageal (TEE)
- \_\_\_ Echocardiogram Limited (TTE)

**If requesting nuclear imaging, please provide the following information:**

Weight \_\_\_\_\_ BP \_\_\_\_\_ Diabetes Y/N    Smoker Y/N

**Vascular Imaging: Dx:** \_\_\_\_\_

- \_\_\_ ABI / TBI                                    \_\_\_ ABI with Exercise
- \_\_\_ Abdominal Aortic Duplex                \_\_\_ Bilateral Carotid
- \_\_\_ Lower Extremity Arterial w/ABI ( \_\_\_ Right \_\_\_ Left \_\_\_ Bilateral)
- \_\_\_ Lower Extremity Venous ( \_\_\_ Right \_\_\_ Left \_\_\_ Bilateral)
- \_\_\_ Renal Artery Duplex
- \_\_\_ Upper Extremity Arterial ( \_\_\_ Right \_\_\_ Left \_\_\_ Bilateral)
- \_\_\_ Upper Extremity Venous ( \_\_\_ Right \_\_\_ Left \_\_\_ Bilateral)
- \_\_\_ Venous Insufficiency /Reflux

**Other: Dx:** \_\_\_\_\_

- \_\_\_ 24 Hour (only) Holter Monitor        \_\_\_ 48 Hour (only) Holter Monitor
- \_\_\_ 14 Day Event Monitor                    \_\_\_ 30 Day Event Monitor
- \_\_\_ EKG    \_\_\_ Exercise Treadmill Test

**Radiological Ultrasound (Six Forks Office ONLY) :**

- Dx: \_\_\_\_\_
- \_\_\_ Complete Upper Abdominal Survey (GB, biliary, liver, spleen, pancreas)
- \_\_\_ Retroperitoneal        \_\_\_ Thyroid                    \_\_\_ Pelvic
- \_\_\_ Testicular

**If requesting a test, please sign below:**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_