



**Advanced Cardiovascular Care, LLC**

*Where your heart matters...*

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325 N. Main Street, # 206  
Springboro, OH 45066

## ONE - STEP REFERRAL FORM

### FAX REFERRAL GUIDELINES

1. Please send all supporting documentation including cardiac diagnostic reports, medication list, procedures reports, and physician notes.
2. Accepting all private insurances, BWC (copy of authorized C-9 form), Personal Injury, Medicare, and Medicaid.
3. Insurance Carrier: \_\_\_\_\_ Policy / Group # \_\_\_\_\_
4. Consult and Treat: \_\_\_\_\_ Diagnostic Testing Only: \_\_\_\_\_ Consultation Only: \_\_\_\_\_
5. Diagnosis/Symptoms: \_\_\_\_\_
6. Choose one of our Locations: Springboro    Dayton    Preble County    Vandalia

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Tel: \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

### CARDIAC DIAGNOSTIC TEST

- |   |   |
|---|---|
| <input type="checkbox"/> Echocardiography                 | <input type="checkbox"/> Myocardial Perfusion Imaging       |
| <input type="checkbox"/> Carotid duplex/ultrasound        | <input type="checkbox"/> Nuclear Treadmill Stress Test      |
| <input type="checkbox"/> Abdominal Aortic Disease Screen  | <input type="checkbox"/> Nuclear Lexiscan Stress Test       |
| <input type="checkbox"/> Abdominal/Renal Ultrasound       | <input type="checkbox"/> MUGA for LV Ejection Fraction      |
| <input type="checkbox"/> Arterial Doppler/duplex Scanning | <input type="checkbox"/> 24/48 hr Holter & Event Monitoring |
| <input type="checkbox"/> Ankle Brachial Indices           | <input type="checkbox"/> EKG                                |

<b>Tel: (937) 619 0101    Fax: (937) 619 0408</b>
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