Virginia Cardiovascular Specialists

REFERRAL TO VCS
Appointment Scheduling
804-288-4827

Appointment Scheduled For:

DATE: _____ TIME: _____

◯ Mon ◯ Tues ◯ Wed ◯ Thur ◯ Fri

LOCATION: _____

Reason for Cardiac Consultation

Preferred VCS Cardiologist: _____

Preferred VCS Location: _____

- ◯ **Medical Evaluation-evaluate** *and advise with recommendations for management and send back to PCP*
- ◯ **Procedural Consultation-confirm** *need for/perform requested test/procedure*
- ◯ **Co-Management Consultation-share** *care with PCP for referred condition*

Pre Order Form

1. VCS will contact all NO SHOW patients.
2. VCS will confirm all scheduled appointments and testing with referring PCP via fax or phone.

PATIENT NAME: _____ DOB: _____

ICD-1O CM DIAGNOSIS CODE(s): _____

Patient Contact Telephone: _____

Insurance: _____

ID# _____ Referral Required: ◯ YES ◯ NO

In order to obtain pre-authorization please provide:

- ◯ Last office note
- ◯ Order physician NPI# and Tax ID#
- ◯ Any abnormal test results related to order

Ordering Physician (print name): _____

Ordering Physician Signature: _____

Ordering Physician Fax: _____

Ordering Physician Phone: _____

VCS LOCATION PREFERENCE

◯ *First available appointment at any VCS location*

◯ **Short Pump at West Creek Medical Center**
Phone: (804) 708-0445
Fax: (804) 708-2429

◯ **Mechanicsville at Bell Creek Medical Park**
Phone: (804) 559-0405
Fax: (804) 559-0409

◯ **Prince George at Waterside Medical Center**
Phone: (804) 458-1740
Fax: (804) 541-1846

◯ **Tappahannock at Bon Secour Medical Center**
Phone: (804) 708-0445
Fax: (804) 708-2429

◯ **Midlothian at Harbourside Medical Center**
Phone: (804) 915-1400
Fax: (804) 608-3502

◯ **Richmond at Stony Point Medical Office**
Phone: (804) 323-5011
Fax: (804) 323-5120

◯ **West End at Forest Medical Plaza**
Phone: (804) 288-4827
Fax: (804) 288-4494

STRESS TESTING

Patient Ht _____
Patient Wgt _____
BMI _____

- ◯ **Nuclear Stress Testing**
  - ◯ Exercise
  - ◯ Lexiscan
  - ◯ MUGA
- ◯ **Cardiac PET**

PREVENTIVE SCREENING

- ◯ **CT Heart Scan**
  Coronary Calcium Scoring
- ◯ **VascularView**
  - ◯ ABI
  - ◯ Carotid
  - ◯ Aorta
  - ◯ All Three

VASCULAR STUDIES

- ◯ **Peripheral Artery Study**
  - ◯ ABI rest/stress
- ◯ **Abdominal Vessel Study**
  - ◯ Abdominal aorta duplex
  - ◯ Renal artery duplex
- ◯ **Arterial Duplex**
  - ◯ Bilateral
    Circle: upper lower
  - ◯ Unilateral arterial duplex
    Circle: right left
    Circle: upper lower
  - ◯ Pseudo-aneurysm arterial duplex
- ◯ **Peripheral Venous Study**
  - ◯ Venous duplex bilateral
    Circle: lower upper
  - ◯ Venous duplex unilateral
    Circle: lower upper
    Circle: right left

- ◯ **Echocardiogram**
- ◯ **EKG** (any location)
- ◯ **Holter** (any location)
  - ◯ 24-hour
  - ◯ 48-hour

Test Prep Notice

Prep instructions will be sent to patients in advance of applicable testing.

Appointments may be cancelled if prep instructions are not followed. Please reinforce this with your patient at the time of referral.