

# Cardiovascular Surgery Referral Form

Thank you for your interest in UAB Cardiovascular Surgery. We are pleased that you are allowing us to aid in the care of your patients. Your completion of all the fields below and attachment of medical records will ensure there are no unnecessary delays in the evaluation of your patient. We must have records and films prior to the clinic visit.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Contact Number \_\_\_\_\_ Office Contact Name \_\_\_\_\_

Referring M.D. Name \_\_\_\_\_ Referring M.D. NPI \_\_\_\_\_

Referring M.D. Address \_\_\_\_\_

Referring M.D. Phone \_\_\_\_\_ Referring M.D. Fax \_\_\_\_\_

## PLEASE SEND THE FOLLOWING DOCUMENTATION

- Patient Demographic Sheet
- Copy of Insurance Card
- Labs (most recent)
- Clinic Notes (most recent)
- H&P (most recent)
- Prior CV operative reports
- **DIAGNOSTIC IMAGES & REPORTS (within the last 6 months. See table below.)**

CORONARY ARTERY DISEASE	VALVE	ATRIAL SEPTAL DEFECT	ASCENDING ANEURYSM
* Left Heart Cath	* ECHO/*TTE	* ECHO/*TTE	* ECHO/*TTE
* ECHO/* TTE	*Cath if available	*Cath if available	* CTA C/A/P
* TEE if available	* TEE if available	* TEE if available	*Cath if available

- **CDs: DICOM FORMAT**
  - Images can be uploaded to AMBRA, Vitalengine, or PACS system
  - If images cannot be uploaded, **overnight** CDs to:

**UAB CARDIOTHORACIC SURGERY**  
**1900 University Boulevard, THT 760, Birmingham, AL 35233**

## REQUESTED PROVIDER & FAX NUMBER FOR SENDING RECORDS

- ☐ Dr. James Davies      205-996-9385 (FAX) 205-996-9256 (PHONE)
- ☐ Dr. Clifton Lewis      205-934-2042 (FAX) 205-934-3338 (PHONE)
- ☐ Dr. Kyle Eudailey      205-934-2042 (FAX) 205-934-3338 (PHONE)
- ☐ Dr. Panayotis Vardas      205-996-2555 (FAX) 205-996-7019 (PHONE)
- ☐ Dr. Sasha Still      205-934-5261 (FAX) 205-996-7561 (PHONE)