

Order Form

Sibley Heart Center Cardiology
 Phone: 404-256-2593 or 800-542-2233
 choa.org/cardiology



Referring Provider: _____

Please ask the patient or parent / guardian to bring this signed form at the time of the visit.

If necessary, generate a referral request from the patient's insurance plan. Please fax the authorization to 404-252-7431.

Patient Name: _____ **Date of Birth:** ____/____/____ **Patient Phone:** _____

Provider Name: (please print) _____ **Provider Phone:** _____ **Provider Fax:** _____

Provider Signature: _____ **Date:** ____/____/____

Option 1:

_____ **Evaluate and treat**

Diagnosis: (Check all that apply)

- _____ Chest pain
- _____ Syncope/lightheadedness
- _____ Palpitations
- _____ Tachycardia
- _____ Cardiac Clearance
- _____ Murmur
- _____ Cyanotic episodes
- _____ Hypertension (Need prior BP readings)
- _____ Hyperlipidemia (Need most recent labs)
- _____ Abnormal ECG (Need previous ECG)
- _____ Other _____

(Need appropriate medical records)

-OR-

Option 2:

_____ **Test only (Patient will NOT see a cardiologist)**

Please indicate diagnosis or reason for test

Reason for Test _____

- _____ ECG (Need previous ECG if available)
- _____ Echocardiogram
- _____ Holter Monitor
- _____ Event Recorder

Orders must be received before a test can be performed.

Fax orders to 404-252-7431

At Sibley Heart Center Cardiology we have a medical interpreter and language line available to assist all non-English speaking patients.

For a list of our physicians and locations please see other side of this form.

Please call us at **404-256-2593** or visit **choa.org/orderpad** to request more order pads be sent to your office.

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It's time to reorder more order pads from Sibley Heart Center Cardiology.

Please call us at 404-256-2593 or visit www.choa.org/orderpad to request more order pads be sent to your office. A representative from our practice will contact you to confirm your order.

Thank you,

Sibley Heart Center Cardiology

