



Southern Heart Group, P.A.

Request for Referral and Testing

Thank you for your referral. Please complete and fax to the desired office with the most recent office notes, labs, and EKG. A complete list of office locations with respective addresses and phone numbers is provided for you on the reverse side of this form.

Baptist

Fax: 398-2480

Nuc Lab Fax: 399-2168
Office: 396-5996

Memorial

Fax: 399-1181

Office: 399-1171

Orange Park

Fax: 276-5393

Office: 276-5100

Baptist South

Fax: 208-5998

Office: 493-8001

Fernandina

Fax: 261-6567

Office: 261-9786

Ordering Physician _____ Phone _____ Fax _____ Physician Sig _____

Patient _____ D.O.B. _____ Phone#1 _____ Phone#2 _____

Address _____ City/State/Zip _____

Ins. Company _____ Policy# _____ Auth# _____ #of visits _____

Cardiology Consult

Vascular Consult

Stress Test

Nuclear 78452

Auth # _____

Treadmill Only 93015

- ___ Chest Pain with ABN EKG 786.59, 794.31
- ___ AFIB 427.31
- ___ CAD 414.00 - 414.19
- ___ CHF 428.0 - 428.9
- ___ PVD 440.21 - 440.24
- ___ MVP/MR 424.0
- ___ Unstable Angina 411.1
- ___ Angina 413.9
- ___ AV Block 426.2 - 426.6
- ___ OLD MI 412
- ___ Ischemia 414.8 - 414.9

Echo/Doppler

- ___ Angina 413.9
- ___ Aortic Valve Disease 424.1
- ___ MVP/MR 424.0
- ___ TR 424.2
- ___ CHF 428.0
- ___ Murmur 785.2
- ___ CAD 414.01
- ___ Unstable Angina 411.1
- ___ Syncope/Collapse 780.2
- ___ SOB 786.09
- ___ S/P Valve Replace V43.3
- ___ OLD MI 412
- ___ AFIB 427.31

Holter Monitor

- ___ AFIB 427.31
- ___ AV Block 426.2-426.6
- ___ CAD 414.01
- ___ MVP/MR 424.0
- ___ Palpitations 785.1
- ___ PAC 427.61
- ___ PVC 427.69
- ___ SVT 427.0
- ___ Bradycardia 427.89
- ___ VT 427.1
- ___ Syncope 780.2

Carotid

- ___ Transient Visual Loss 368.12
- ___ BRUIT 785.9
- ___ TIA 435.9
- ___ Atherosclerosis, Carotid 433.10
- ___ Occlusion/Stenosis Multi/Bil w/o Stroke 433.30
- ___ Aneurysm of Neck 442.81

NOTE: Southern Heart Group Vascular Services are performed at our Baptist South or Orange Park locations

Bilateral/Unilateral Venous Duplex Ultrasound Arm/Leg

- ___ DVT Arms 451.83
- ___ Thrombophlebitis 451.2
- ___ DVT Femoral 451.11
- ___ Superficial Thrombophlebitis Leg 451.0
- ___ Stasis Dermatitis 454.1
- ___ Edema 782.3
- ___ Limb Swelling 729.81
- ___ Limb Pain 729.5
- ___ Pulmonary Embolism 415.19
- ___ Resp. Abnormality 786.00
- ___ Painful Resp. 786.52
- ___ Chest Pressure 786.59

Renal Artery Ultrasound includes Mesenteric Arteries

- ___ Essential HTN 401.9
- ___ Renal Artery Aneurysm 442.1
- ___ Renal Artery Atherosclerosis 440.1
- ___ Malignant HTN 401.0
- ___ Vascular Insufficiency Intestine 557.0
- ___ Embo/Thrombosis -Renal Artery 593.81

Abdominal Aorta

- ___ Abdominal Aortic Aneurysm 441.4
- ___ Atherosclerosis-NAT ART/Extremity w/Claudication 440.21
- ___ Thoracic Aortic Aneurysm 444.1
- ___ Peripheral Vascular Disease 443.9
- ___ AAA Screening 81.2

Bilateral/Unilateral Arterial Ultrasound

Lower Extremity **Upper Extremity**

PVR with ABI - Multiple Levels with Exercise

PVR with ABI - Single or Multiple Levels without exercise

- ___ Atherosclerosis - Natural Artery/Extremity w/Claudication 440.21
- ___ Atherosclerosis - Extremity w/ Rest Pain 444.22
- ___ Embo/Thrombosis Leg 444.22
- ___ Atherosclerosis Extremity w/Ulceration/Rest Pain 440.23
- ___ Atherosclerosis Extremity w/Gangrene 440.24
- ___ Lower Extremity Aneurysm (applies to Arterial Ultrasound) 442.3
- ___ Iliac Artery Embolism 444.81
- ___ Malfunctioning Vascular Device/Graft 996.1
- ___ Stricture of Artery 447.1

Notes/Other Diagnosis: _____

Appointment Date _____ **Physician** _____ **Time** _____

Scheduled By _____ **Date** _____ **Comments** _____

Thank you for your referral. Please contact us at any of our 5 locations for assistance or to schedule your patient. To fax your referrals, simply fill out the form on the reverse side and fax it to the desired location. For directions to each office and a comprehensive description of our practice and services, please visit us at www.southernheartgroup.com.

Baptist

820 Prudential Drive, Suite 112
Jacksonville, Florida 32207

Phone: 904-396-5996 Fax: 904-398-2480
Nuclear Lab Fax: 904-399-2168

Dr. Paul H. Dillahunt, II Dr. Salvatore D. Diloreto
Dr. Russell B. Stapleton, III Dr. Girish S. Shroff
Dr. Venkata S. Sagi Dr. Praveen K. Kanaparti
Kristen Dann, PA-C Heather Burleson, PA-C

Baptist South

14546 St. Augustine Road Suite 201
Jacksonville, Florida 32258

Phone: 904-493-8001 Fax: 904-208-5998

Dr. David J. Stroh Dr. Paul H. Dillahunt, II
Dr. Leon C. Chow Dr. James C. Campbell
Bonnie Gandee, PA-C

Memorial

3599 University Boulevard South, Suite 1106
Jacksonville, Florida 32216

Phone: 904-399-1171 Fax: 904-399-1181

Dr. James C. Campbell, JR Dr. Praveen K. Kanaparti
Dr. Thomas L. Wolford
Dr. Venkata S. Sagi Linda Hall, ARNP

Orange Park

2021 Kingsley Avenue, Suite 104
Orange Park, Florida 32073

Phone: 904-276-5100 Fax: 904-276-5393

Dr. Omar F. Dajani Dr. Leon C. Chow
Dr. Garry L. Taylor Dr. Thomas L. Wolford
Allen Nadeau, PA-C

Fernandina Beach

1340 South 18th Street, Bldg A, Suite 202
Fernandina Beach, Florida 32034
Phone: 904-261-9786 Fax: 904-261-6567

Dr. Paul H. Dillahunt, II Dr. Salvatore D. Diloreto Dr. Russell B. Stapleton, III Dr. Girish S. Shroff
Dr. Venkata S. Sagi Beverly Michael PA-C