

**Dr. Venkatesan D. Vidi, M.D., M.P.H., F.A.C.C.**

Cardiology/Interventional Cardiology  
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In order to help us expedite your patient's referral please fill out this form completely. We will contact your patient to schedule the visit then fax a confirmation to your office. If the patient needs an emergency referral please contact us directly by phone.

Standard (next available appointment)

Urgent (within 1- 2 days)

**Patient Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Sex: \_\_\_\_ M \_\_\_\_ F      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      SSN: \_\_\_\_\_

Ins. Company: \_\_\_\_\_ Ins. Phone: \_\_\_\_\_

Insured ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Referral Authorization# \_\_\_\_\_

**Referring Physician Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Procedure Information:**

Consultation

2D Echo Doppler

Stress Echo w/Treadmill

Stress Echo w/Dobutamine

Treadmill Stress Test

Sequential Pressures (with Doppler Screening, ABI/TBI & Lower Extremities)

Nuclear Treadmill Stress (Wt: \_\_\_\_\_)

Nuclear Adenosine Stress (Wt: \_\_\_\_\_)

MUGA (Nuclear Ventriculogram)

ECG

Holter Monitor (24 hr.)      Event Monitor (Loop)

Duplex Scan (pls. check)    \_\_\_\_ Carotids    \_\_\_\_ Upper Ext Left    \_\_\_\_ Upper Ext Right

\_\_\_\_ Lower Ext Left    \_\_\_\_ Lower Ext Right

Reason for procedure: \_\_\_\_\_

