Dr. Rajesh B. Vrushab, M.D., FACC
Cardiology/Electrophysiology

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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)

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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
Nuclear Treadmill Stress (Wt: _____)
Nuclear Adenosine Stress (Wt: _____)
MUGA (Nuclear Ventriculogram)
ECG
Holter Monitor (24 hr.) Event Monitor (Loop)
Sequential Pressures (with Doppler Screening, ABI/TBI & Lower Extremities)

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

_____ Lower Ext Left _____ Lower Ext Right

Reason for procedure: _____