



The
Heart & Lung
INSTITUTE OF UTAH

Physician Referral Form

Heart and Lung Physicians

Amanda Donohue, D.O.
Adam M. Elhaddi, M.D.
Bruce R. Kenwood, D.O.
Bard R. Madsen, M.D.
David S. Massinople, M.D.
James J. Milavetz, M.D.
Konstantyn Y. Szwajkun, M.D.
W. Marcus Brann, M.D.

Heart and Lung Locations

- 5979 Fashion Boulevard (280 E.), Murray
- 3570 W. 9000 S., Ste. 110, West Jordan
- 82 South 1100 East, Suite 103
- 3336 South 4155 West, Suite 203

Main Number – (801)263-2370

Fax Number – (801)265-1200

In order for our staff to best serve you, please complete this form and fax it to (801) 265-1200

Please include a copy of the patient's insurance card or demographic "face" sheet.

Patient Name: _____ **DOB:** ___/___/___ **Phone Number:** (____) _____ - _____

Referring Physician: _____ **Referring Physician Phone Number:** (____) _____ - _____

Primary Care Physician: _____ **Insurance:** _____ **Policy #:** _____

Date: _____ **Reason/Diagnosis for referral:** _____

Please mark the services requested below (If a patient prefers a specific location, please check above)

Patient Evaluation	Stress Testing with Imaging	Stress Testing (No Imaging)
<input type="checkbox"/> Cardiology Consultation <input type="checkbox"/> Expedited follow-up with Dr.	<input type="checkbox"/> Nuclear Stress Test (Cardiolite) <input type="checkbox"/> Stress Echocardiogram	<input type="checkbox"/> Exercise Treadmill
Rhythm Monitoring	Cardiac Imaging	Non-Invasive Vascular Testing
<input type="checkbox"/> Holter (24 Hour ECG monitoring) <input type="checkbox"/> Event (Pat. Demand Recording – 1 Week)	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Echo with Agitated Saline (PFO/ASD Eval.) <input type="checkbox"/> Cardiac MRI – (Structural or Viability Eval.)	<input type="checkbox"/> ABI – Full (Leg Pain/Claudication) <input type="checkbox"/> Carotid Ultrasound

Please state the urgency of the visit.

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| <input type="checkbox"/> ASAP | <input type="checkbox"/> 1-2 Days | <input type="checkbox"/> < 1 Week | <input type="checkbox"/> Routine |
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