

**Cardiology**

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Direct Referral Line

Fax Referral: 833.973.5550 | Phone: 559.825.8467

Consultation Referral

☐ **First Available Physician**☐ John Ambrose, MD, FACC☐ Ricardo Chia, MD☐ Zaher Fanari, MD, FACC, FSCAI, FABVM☐ Ganesh Gajanan, MD, FACC, FSCAI☐ Arturo Gasga, MD☐ Mouatoua Mouanoutoua, MD☐ Ankit Rathod, MD

Testing Referral

Please include testing orderFor testing only. Please mark one:☐ Carotid Ultrasound☐ Echocardiogram☐ Event monitor☐ Holter Monitor☐ Nuclear Studies☐ Non-Walking ☐ Walking☐ Rest/Stress ABI☐ Stress Echocardiogram☐ Stress Test/Treadmill☐ Other _____

Patient Demographics

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Insurance: _____

Diagnosis (required): _____

Referring Physician: _____

Phone: _____ Fax: _____

PCP (if different from referring): _____

Required Patient Information

☐ HMO Referral - ☐ Authorization☐ Patient Insurance Card and Demographics☐ Medication List☐ Most Recent Chart Notes, Lab Results

Appointment Update (Inspire Health Cardiology Staff Use Only)

Your Patient is Scheduled at: ☐ Clovis ☐ Fresno

Appointment Date: _____ Time: _____ with Dr.: _____