Cardiac Associates, P.C.
Cardiovascular Diseases

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Gregory H. Fisher, M.D., F.A.C.C.
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D. Leonard Griffen III, M.D., F.A.C.C.
Richard I. Weinstein, M.D., F.A.C.C.
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John M. Yackee, M.D., F.A.C.C.
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Alexander S. Asser, M.D., F.A.C.C.
Geetha F. Pinto, M.D., F.A.C.C.
Robert DiBianco, M.D., F.A.C.C.
Jason A. Badillo, M.M.S., PA-C
Michael P. Marchone, CRNP
Joanna M. Holt, CRNP

REFERRAL FORM

PATIENT NAME: _____

TELEPHONE #'S: _____

INSURANCE: _____

ID #'S: _____

REFERRED FOR:

- ❍ CONSULT
- ❍ EKG
- ❍ STRESS ECHOCARDIOGRAM 2-D DOPPLER COLOR FLOW
- ❍ EVENT MONITOR
- ❍ STRESS TEST
- ❍ HOLTER MONITOR
- ❍ TRANSESOPHAGEAL ECHOCARDIOGRAM 2-D DOPPLER COLOR FLOW
- ❍ ABDOMINAL ARTERIAL SONOGRAM
- ❍ CAROTID DOPPLER
- ❍ VENOUS DOPPLER OF L./E
- ❍ ARTERIAL DOPPLER OF L/E/ABI
- ❍ RENAL DOPPLER FOR R.A.S.
- ❍ ECHOCARDIOGRAM 2-D DOPPLER COLOR FLOW
- ❍ STRESS SESTAMIBI WITH WALL MOTION ANALYSIS
- ❍ DOBUTAMINE/ PERSANTINE/ ADENOSINE SESTAMIBI WITH WALL MOTION ANALYSIS
- ❍ Other_____

_____

DIAGNOSIS/SYMPTOMS: _____
(Please indicate)

TIME FRAME: 1 WEEK_____ 2 WEEKS_____ ROUTINE_____

REFERRED BY DR.: _____

☐ 15225 Shady Grove Road, Suite 201, Rockville, Maryland 20850
(301) 670-3000 Fax (301) 924-0186

☐ 18109 Prince Philip Drive, Suite 125, Olney, Maryland 20832
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