

St. Vincent's Health System Referral Form

TO: [REDACTED] FROM: [REDACTED]
DATE: [REDACTED] # of Pages: [REDACTED] including fax cover sheet
PHONE #: [REDACTED] FAX #: [REDACTED]

PATIENT INFORMATION *(You need only fill in the name and DOB if a copy of the patient's insurance card and demographics has been attached)*

Name: [REDACTED] DOB: [REDACTED] Gender: [REDACTED]
Phone #: [REDACTED] Alternative contact Name/ #: [REDACTED]
Address: [REDACTED]
Insurance # 1: [REDACTED]
Insurance # 2: [REDACTED]

REFERRING INFORMATION

Referring Physician: [REDACTED]
Referring Physician phone #: [REDACTED]
Reason for Referral: _____

We will contact the patient to schedule an appointment.

Please fax or mail this completed form along with any records with reports and images to the Structural Heart Coordinator at one of the numbers/addresses below. Diagnostic imaging studies are preferred in DICOM format on disc.

If these tests have been completed please fax results.

- Patient demographics sheet
- Copies of insurance card (front and back)
- Consultation note/history and physical from cardiologist and/or cardiac surgeon
- Prior relevant operative/procedure reports (e.g., cardiac surgery, prior PCI or BAV)
- Prior relevant consults (neurology, pulmonology, oncology, hematology, nephrology)
- Lab studies (CBC, CMP, TSH, BNP preferably within the last 30 days)
- Transthoracic echocardiogram
- Cardiac catheterization
- Pulmonary function testing with DLCO
- Carotid artery ultrasound
- Prior CT and/or CT angiograms (not required)
- Prior transesophageal echocardiogram (not required)

Please fax this completed form to your preferred St. Vincent's Health System Valve Clinic location.

St. Vincent's Birmingham Heart Valve Clinic
FAX: 205-939-7935
Phone: 205-939-7936
2660 10th Avenue South POB I Suite 101
Birmingham, AL 35205

St. Vincent's East Heart Valve Clinic
FAX: 205-838-3691
Phone: 205-838-6332
50 Medical Park East Drive Building 46 Suite 390
Birmingham, AL 35235