



REFERRAL FORM

Reason for Cardiac Consultation

Preferred cardiologist _____

Diagnosis _____

Please fax this form, demographics and records to 601-366-8507.

Locations: Pick your preferred location.

- Dominican Plaza: 970 Lakeland Drive, Suite 61 Jackson, MS 39216
- Madison: 794 Highway 51 North, Suite D Madison, MS 39110
- Flowood: 205A Belle Meade Pointe Flowood, MS 39232
- Brookhaven**: Please call 601-835-9359 to schedule an appointment.
- Ruleville**: Please call 662-756-1704 to schedule an appointment.

Patient name _____

DOB _____

Patient phone # _____

ICD-10 Diagnosis _____

Insurance _____

ID # _____

Ordering physician _____

Ordering physician's signature

Ordering physician's fax # _____

Ordering physician's phone # _____

Contact Name _____

Appointment scheduled for (filled out by JHC staff):

Date _____ Time _____

Circle: Mon Tues Wed Thurs Fri

Location _____

STRESS TESTING

Patient Ht _____ Patient Wt _____ BMI _____

- **NUCLEAR STRESS TESTING**
 - ___ Exercise
 - ___ Lexiscan
 - ___ Adenosine
- **CARDIAC PET**
- **EXERCISE STRESS TEST (treadmill only)**

All nuclear, stress tests, and most vascular studies are performed at Dominican Plaza location.

****If you wish to order a continuous telemetry monitor, please request a cardiac consultation.****

ECHOCARDIOGRAM

- **ECHOCARDIOGRAM**
- **STRAIN ECHO**
- **ECHO W/BUBBLE STUDY**

VASCULAR STUDIES

- **ABI (Arterial Brachial Index)**
- **CAROTID ARTERY ULTRASOUND**
 - Circle: Left Right Bilateral
- **ARTERIAL DUPLEX**
 - Circle: Left Right Bilateral
 - Circle: Upper Lower
- **VENOUS DUPLEX**
 - Circle: Left Right Bilateral
 - Circle: Upper Lower
 - Venous Reflux
- **ABDOMINAL VESSEL STUDY**
 - Abdominal Aorta Duplex
 - Renal Artery Duplex

RADIOLOGY

- **CALCIUM SCORE**
- **CTA CORONARY**
- **CTA ABDOMEN WITH RUNOFF**
- **CTA CAROTID**
- **CTA PE PROTOCOL**
- **CTA CHEST**
- **CT ABD/PELVIS**
- **CT CHEST**
 - CIRCLE: WITH OR WITHOUT CONTRAST

Phone: 601-982-7850