



NHI CLINIC REFERRAL AND ORDER FORM

Please *complete* this order form thoroughly. Fax this order form, the demographic information, copy of the insurance cards, office notes and recent labs and tests to (308) 381-8622.

An appointment can not be made without the proper forms included with this worksheet.

Patient Name _____ Date of Birth ____ / ____ / ____
Patient Address _____ Social Security # ____ / ____ / ____
Patient Home # ____ - ____ - ____ Patient Cell # ____ - ____ - ____ Patient Work # ____ - ____ - ____

<u>Signs / Symptoms (medical necessity):</u> (Check all that apply)	<u>Requested Cardiologist:</u> (Circle one)
<input type="checkbox"/> Chest Pain	First Available
<input type="checkbox"/> Chest Pressure	
<input type="checkbox"/> Fatigue	Dr. Kosmicki
<input type="checkbox"/> Dyspnea on Exertion	
<input type="checkbox"/> Weakness	Dr. Fruehling
<input type="checkbox"/> Syncope	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hyperlipidemia	
<input type="checkbox"/> Atrial Fibrillation	
<input type="checkbox"/> Other _____	

Requested Time for Appointment (circle): Next Day 48 hrs 72 hrs 1 week Other _____

Consultation / Test Requested: **HEIGHT:** _____ **WEIGHT:** _____ **DIABETIC:** Y N

Consultation only EKG
 Echo TEE (Transesophageal Echo)
 Vascular Study (specify) _____
 24-hr Holter Monitor
 30-day Event Recorder (pt does not need to come to office/device to be mailed to pt)
 Heart Catheterization
 Myocardial Perfusion Imaging **Stress Echo** **Treadmill only** (Bruce Protocol)
 Treadmill (Bruce Protocol) Treadmill (Bruce Protocol)
 Adenosine Dobutamine
 Adenowalk
 Dobutamine

Physician's Signature _____ Date ____ / ____ / ____ Form Completed by _____
Physician's Name (please print) _____ Phone (____) - ____ - ____ FAX (____) - ____ - ____

Nebraska Heart Institute-Grand Island, NE. Scheduling Center: 308-381-1334 Contact: Michelle
3515 Richmond Circle Fax: 308-381-8622

FOR NHI OFFICE USE ONLY:		NHI STAFF INITIALS
Appt (date/time): ____ / ____	Arrival Time: ____ with Dr. _____	
Special Instructions: <input type="checkbox"/> None <input type="checkbox"/> Nothing to eat or drink: <u>after midnight</u> / _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> NO caffeine, decaffeinated, or chocolate products 12 hours prior to the test		
		DATE