



INTERMOUNTAIN HEART CENTER

Fax Referral Form: 801-281-5960
Secure website referrals also available at IMHeart.com

Patient Information:

Patient's Name: _____ DOB / / Phone () -

Demographic faxed with referral

Referring Provider:

Fax Number () -

Name: _____ **Cell Phone** () -

Services Requested:

- Consultation*
- Echo
- Carotid ultrasound
- Ultrasound AAA screen
- MUGA

*Consultation implies evaluation/treat

- Device management (pacemaker, ICD)
- Ankle brachial index
- Body composition analysis
- EndoPAT
- Holter monitor
- Event monitor

Stress Test

- Stress treadmill without imaging
- Stress echo
- Stress myocardial perfusion imaging
- I don't know which is the best test. You figure it out.

Indications:

Symptoms

- Chest pain,
- Shortness of breath
- Palpitations,
- Dizziness/Syncope,

Other _____

Medical problems:

- Hypertension
- Diabetes,
- Hyperlipidemia
- Family history
- Tobacco use

- Coronary artery disease
- Cardiomyopathy
- Atrial fibrillation/Flutter
- Stroke/TIA
- Peripheral vascular disease,

Other _____

Urgency: Today (Call Dr. Miller at 801-554-5332) 1-3 days Next availability

Getting Results: Fax results to office I want a call back

Processing: Thank you for the referral. We will contact the patient, arrange services, obtain any necessary pre-authorizations, and send results back to you. Call us with any questions or concerns. If we do not take your patient's insurance, we will make arrangements with another provider on your behalf. Office number below.

Dr. Miller's cell phone is 801-554-5332.

Signature: _____ Date: / /