Medical Referral Form

Refer to			
Name of healthcare provider: Dr. Kane Arthur			
Specialty: Cardiologist			
Email: kanearthur@kansushospital.co	Preferred phone number: 9253847352		
Address: 67 Warwick Street	City: Kansus	State: Alabama	Zip code: 90783

Patient information		
First name: Jane	Last name: Doe	Date of birth: 10/10/1950
Email: janedoe1950@gmail.com		Preferred phone number: 23584735

Diagnosis of referring healthcare practitioner:

Suspected Pericarditis

Medical history:

Hip replacement, compensated heart failure

Family history:

Father - 86, left ventricular failure Mother - 64, stroke

Reason of referral:

Jane is an 87 year old female presenting with chest pain radiating into her back associated with shortness of breath over the past 3 days. Physical Exam was notable for tachycardia without murmurs or rubs on cardiac examination as well as decreased breath sounds in both lungs upon auscultation. Lab work showed elevated inflammatory markers consistent with pericardial inflammation prompting referral to specialists listed above.

Additional comment:

Tests Requested: Echocardiogram; Chest x-ray; CT scan or MRI depending on specialist recommendation based on initial evaluation results
Follow Up Instructions : Patient should follow up directly after consultation appointments are completed unless instructed otherwise by referring provider

Patient insurance information (if applicable)		
Insurance carrier: SBV	Insurance plan: Health Insurance	Contact number: 345364234
Policy number: AB234234	Group number: C1234	Social security number: BH3454932

Referring clinician information		
First name: John	Last name: Smith	Specialty: MD- Primary Care Physician at ABC Clinic
Email: Johnsmith@abcclin.co		Preferred phone number: 923485734