



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 (402) 461-5067.

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 # ____ - ____ - ____

Signs / Symptoms (medical necessity):
(Check all that apply)

Requested Cardiologist:
(Circle one)

- Chest Pain
- Chest Pressure
- Fatigue
- Dyspnea on Exertion
- Weakness
- Syncope
- Hypertension
- Hyperlipidemia
- Atrial Fibrillation
- Other _____
- Murmur
- Bruit
- Visual Disturbance
- Swelling
- Claudication
- Abdominal Pain
- Renal Insufficiency
- Leg Pain
- Palpitations
- Hx of _____

First Available

Dr. Chaudhuri

Dr. King

Dr. Friesen

Dr. Kosmicki

Dr. Fruehling

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

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

- Consultation only
- 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)
- Adenosine
- Adenowalk
- Dobutamine
- Treadmill (Bruce Protocol)
- Dobutamine

Physician's Signature _____ Date ____ / ____ / ____ Form Completed by _____

Physician's Name (please print) _____ Phone (____) - ____ - ____ FAX (____) - ____ - ____

Nebraska Heart Institute-Hastings, NE.
715 N Kansas

Scheduling Center: 402-461-5031
Fax: 402-461-5067

Contact: Brenda

FOR NHI OFFICE USE ONLY:

Appt (date/time): ____ / ____ **Arrival Time:** ____ **with Dr.** _____

- Special Instructions:** None
- Nothing to eat or drink: after midnight / _____ Other _____
 - NO caffeine, decaffeinated, or chocolate products 12 hours prior to the test

NHI STAFF INITIALS

DATE