□ Imam E. Tjahja, M.D. FACC
NPI#: 1760472948

□ Mehdi Rambod, M.D. FACC, FSCAI
NPI#: 1619262755

□Tzy-Shiuan B. Kuo, M.D., FACC, FSCAI
NPI#: 1619114295

REFERRAL REQUEST FORM

Patient Information:

Patient Name: _____

Date Of Birth: _____

Insurance Name: _____ ID #: _____ Group#: _____

PCP Information:

PCP Name:_____

Phone #: _____ Fax #: _____

Attention: _____

Requested Services: (Please check one)

☐ New Patient Consult (99202)
☐ Follow-up visit (99214)
☐ Pacemaker Check (93288)
☐ Treadmill (93015)
☐ 24 Hour Holter (93225)
☐ EKG (93000
☐ Echo (93306)
☐ Stress Echo (93315)
☐ Nuclear (78452)
☐ Other: _____

Diagnosis: _____

Place of Service :Office Other: _____

Appointment Date: _____ Appointment Time: ____:_____AM / PM

YOUR EXPEDIENT RESPONSE IS APPRECIATED. PLEASE RESPOND WITH 24 - 48 HOURS OR YOUR PATIENT'S APPOINTMENT FOR THE ABOVE SERVICES WILL BE RESCHEDULED.

Referral Number: _____ Expiration: _____

Number of Visits: _____ Authorized by: _____