

**PATIENT INFORMATION**

Patient's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Insurance Type \_\_\_\_\_ Insurance ID \_\_\_\_\_ Group # \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Ordering Physician (Full Name) \_\_\_\_\_

Ordering Physician Phone \_\_\_\_\_ Ordering Physician Fax \_\_\_\_\_

Authorization Number \_\_\_\_\_

**OFFICE CONSULTATION**

**New Patient**     **Established Patient**    Preferred MD: \_\_\_\_\_

Reason \_\_\_\_\_

Cardiology                                       Vascular Surgery                                       Cardio and Thoracic Surgery

**Surgical Clearance**

Type of Surgery \_\_\_\_\_ Surgery Date \_\_\_\_\_ PCP \_\_\_\_\_

Surgeon \_\_\_\_\_

**REQUESTED SERVICES**

**Cardiology Services**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Treadmill Stress Test*             | <input type="checkbox"/> Cardiac CT with FFR if indicated* | <input type="checkbox"/> Transesophageal Echocardiography (TEE)* |
| <input type="checkbox"/> Nuclear Stress Test*               | <input type="checkbox"/> Cardiac MRI*                      | <input type="checkbox"/> Holter Monitor                          |
| <input type="checkbox"/> Pharmacologic Nuclear Stress Test* | <input type="checkbox"/> Stress Echo*                      | <input type="checkbox"/> Event Monitor                           |
| <input type="checkbox"/> Calcium Score                      | <input type="checkbox"/> Echocardiogram with Doppler       | <input type="checkbox"/> Tilt Table                              |

**Vascular Services**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Carotid Duplex               | <input type="checkbox"/> Venous Insufficiency Duplex Study (Venous Doppler) | <input type="checkbox"/> Ankle-Brachial Index with Pulse Volume Recording and/or Exercise |
| <input type="checkbox"/> Venous Duplex (For DVT Only) |   | <input type="checkbox"/> Arterial Duplex  |

**Reason/Diagnosis** \_\_\_\_\_

*\*Consultation with a cardiologist is preferred before this study is performed.*

**PHYSICIANS**

**Electrophysiology**

Adheesh Agnihotri, MD  
Carlos Arrieta, MD  
David Bello, MD  
Aurelio Duran, MD  
Roland A. Filart, MD  
Luis I. Garcia, MD  
Pavel A. Guguchev, MD  
Peter D. Taylor, MD

**Interventional Cardiology**

Sumith Aleti, MD  
Neeraj Bajaj, MD  
Robert Boswell, MD  
Ronald R. Domescek, MD  
Chandresh Duggal, MD  
Imran Farooq, MD  
Joel A. Garcia Fernandez, MD  
Muhammad Ghumman, MD  
Vijaykumar S. Kasi, MD  
Farhan Khawaja, MD  
Caleb E. Mercado, MD  
Kiran K. Mogali, MD  
Robert Rothbard, MD  
Mark A. Steiner, MD  
Deepak P. Vivek, MD

**General Cardiology**

Kamran Akram, MD  
Illena Antonetti, MD  
Imran Bawaney, MD  
Allan Chen, MD  
Jorge A. Cusco, MD  
Carolina Demori, MD  
Arnold M. Einhorn, MD  
Larry Ferachi, MD  
Lushantha S. Gunasekera, MD  
Mohit Gupta, MD  
Dustin Hill, MD  
Jennifer Kinaga, MD  
Swathy Kolli, MD  
Sushma Koneru, MD  
Suraj R. Kurup, MD  
Salvador N. Lanza, MD

Jose A. Lefran, MD  
Pablo R. Lopez, MD  
Parimal B. Maniar, MD  
Israel J. Mantecon, MD  
Sundeep Mediratta, MD  
Yahaira Ortiz, MD  
Deven M. Patel, MD  
Harendra Patel, MD  
Shahid Qamar, MD  
Chakravarthy Raghavan, MD  
Jonathan Rodriguez, MD  
Khurram Shahzad, MD  
Sanjeev K. Shroff, MD  
Mouaz N. Tawam, MD  
Jorge Uribe, MD  
Egerton van den Berg, MD  
Adam J. Waldman, MD  
Carlos Zayas-Torres, MD

**Advanced Heart Failure**

Carolina Demori, MD  
Sushma Koneru, MD  
Yahaira Ortiz, MD  
Shahid Qamar, MD

**Cardiovascular and  
Thoracic Surgery**

Michael Hanna, MD  
Steven Hoff, MD  
Paul Massimiano, MD  
Anthony Rongione, MD  
Kalei (Karen) Walker, MD

**Vascular Surgery**

Mohammad Abbasi, MD  
Laith Al-Balbissi, MD  
G. Kendrix Adcock, MD  
Gino Castaneda, MD  
Edgar Guzman, MD  
Jonathan Higgins, MD  
Robert P. Winter, MD

**LOCATIONS**

- Apopka** Fax: (407) 290-2118
- Baldwin Park** Fax: (407) 445-3515
- Blue Cedar** Fax: (407) 290-2118
- Celebration** Fax: (407) 370-5820
- Clermont** Fax: (407) 290-2118
- Dr. Phillips** Fax: (407) 370-5820
- Dr. Phillips II** Fax: (407) 370-5820
- Eustis** Fax: (407) 898-4463
- Horizon West** Fax: (407) 290-2118
- Lake Mary** Fax: (321) 842-1955
- Lake Nona** Fax: (407) 445-3515
- Longwood** Fax: (321) 842-1955
- Maitland** Fax: (321) 842-1569
- Ocoee** Fax: (407) 290-2118
- Okeechobee** Fax: (407) 898-4463
- Orlando (Downtown)** Fax: (407) 445-3515
- Orlando (East)** Fax: (407) 445-3515
- Orlando (North)** Fax: (407) 898-4463
- Osceola** Fax: (407) 370-5820
- Oviedo** Fax: (321) 842-1955
- Sebring** Fax: (407) 898-4463
- Spring Lake** Fax: (407) 370-5820
- Summerport** Fax: (407) 290-2118
- Winter Park** Fax: (407) 445-3515