



Roane General Medical Clinic • Cardiology Team
 200 Hospital DR • Spencer WV 25276
 Phone: 304.927.6822 Fax: 304.927.6839

Date of Referral: _____

Consultation requested: Choose the physician you are requesting:

David Adkins, PAC Scott Duffy, MD

Type of referral: Stat _____ Urgent _____ Routine _____

Reason for consult: _____

Patient Name: (Last, First, MI) _____

Gender: M ___ F ___ DOB: _____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Insurance Information:

(We will need a copy of insurance card)

Insurance Co. Name: _____ Insurance ID: _____

Company Phone #: _____ Subscriber Name: _____ DOB: _____

Worker's Compensation: WV OH _____ Claim # _____

DOI: Case Manager: _____ Phone #: _____

Authorization #: _____ Dates: _____

Testing:

Echo	Stress (NM or Exercise)
LDL Date and Result	EKG
Monitor (Event/Holter,HR)	CT
CXR	Carotid US
Coronary CTA	Pacemaker/Defibrillator information
Electrophysiologist and Last Interrogation Date	Heart Cath
CABG (hospital & # of bypass)	Meds
Last office note plan	

Requestion Physician:	Contact Name:
Address:	Phone #:
	Fax #:

If patient is no longer able to keep scheduled appointment, we request 24-hour notification

Appointment Date: _____ Time: _____