

Patient Referral Form for Cardiac Telehealth Site



Fax the following records with this form to obtain an appointment:

- Pathology Reports
- Imaging (US, MRI, CT, PET, Echocardiogram, Cardiac Stress Test)
- Lab Results
- List of Current Medications
- Last Office Note
- Copy of Current Insurance Card -- REQUIRED

- Medically Urgent
- Routine
- Pre-Op Evaluation

PATIENT INFORMATION:

First _____ MI _____ Last Name _____
DOB: _____ / _____ / _____ SS# _____ - _____ - _____
Home Phone: (____)____-____-____ Cellphone: (____)____-____-____
Address: _____
City _____ State _____ Zip _____

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____
Name of person faxing information: _____
Office Fax: _____ Office Phone: _____
Reason for Visit/Symptoms: _____

Requested Physician _____ First Available _____

OFFICE USE ONLY

Patient has Appointment with:
Dr.: _____
_____ on _____
at Webster Memorial Hospital
125 Diana Drive
Webster Springs, WV 26288
Phone: (304) 847-5682 ext. 1701
Fax: (304) 847-8609

Fax this form and the required information to:
Mon Health Cardiology in Morgantown at (304) 599-5607

Remind the patient to expect a phone call from Mon Health for scheduling. At the time of the appointment, the patient will report to Webster Memorial Hospital. They should park at the upper level, enter the main entrance, and go to the end of the hall for registration.

Address: 125 Diana Drive, Webster Springs, WV 26288
Phone: (304) 847-5682 ext. 1701
Fax: (304) 847-8609

Cardiology Telehealth Site visits at Webster Memorial Hospital are coordinated through Mon Health Cardiology in Morgantown. If the appointment needs cancelled or rescheduled, the patient should contact Mon Health Cardiology in Morgantown by calling (304) 599-8802.