

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 **PARS Healthcare**
1212 Garfield Ave., Suite 202
Parkersburg, WV 26101

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:

PARS Healthcare office at 212 Garfield Ave., Suite 202, Parkersburg, WV to be connected with the cardiologist.

Cardiology Telehealth Site visits at PARS Healthcare 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.