

Florida Cardiovascular Specialists

Hector L. Garcia, MD, FACC Nitza Alvarez, MD

PATIENT REFERRAL FORM

Today's date:					
Cardiologist:			Referring Physician:		
<input type="checkbox"/> Any <input type="checkbox"/> Hector Garcia, MD <input type="checkbox"/> Nitza Alvarez, MD					
Contact:		Phone:		Fax:	
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Weight:	Height:	Birth date:		Age:	Sex:
					<input type="checkbox"/> M <input type="checkbox"/> F
Address:			Primary phone no.:	Alternate phone no.:	
			()	()	
City:			State:	ZIP Code:	
Primary Insurance:			Secondary Insurance:		
Authorization Needed?			If Yes, please contact our billing department at (352) 326-1731 with authorization information.		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
List any Allergies:					
Please check requested service:					
<input type="checkbox"/> Consultation	<input type="checkbox"/> Follow-up visit	<input type="checkbox"/> Resting Echocardiogram			
<input type="checkbox"/> Holter Monitor	<input type="checkbox"/> Event Monitor	<input type="checkbox"/> Transesophageal Echocardiogram			
<input type="checkbox"/> GXT Nuclear Stress Study	<input type="checkbox"/> Persantine Nuclear Stress Study	<input type="checkbox"/> Adenosine Nuclear Stress Study			
<input type="checkbox"/> Stress Echocardiogram	<input type="checkbox"/> Exercise Treadmill Test	<input type="checkbox"/> Dobutamine Echocardiogram			
<input type="checkbox"/> Tilt Table	<input type="checkbox"/> Venous Insufficiency Evaluation	<input type="checkbox"/> Cardiac Catheterization			
<input type="checkbox"/> AICD	<input type="checkbox"/> BiV-AICD	Other:			
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Implantable Loop Recorder				
Has this service been performed within the last 6 months?			If yes, when:	Where:	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for Appointment:			Additional Diagnosis:		
Level of Urgency:					
<input type="checkbox"/> 24 hours	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2-4 Weeks		<input type="checkbox"/> 4-6 Weeks	
Other Information:					

Once completed please fax this form to either the Leesburg or The Villages Office. If you have any questions, please contact us.

Leesburg Office
 Phone: (352) 326-1731
 Fax: (352) 728-2498
 Address: 1020 E. North Blvd, Leesburg, FL 34748

The Villages Office
 Phone: (352) 259-4460
 Fax: (352) 391-1528
 Address: 1501 US Hwy 441, Bldg 1000, Suite 1002, The Villages, FL 32159