



NEW PATIENT REFERRAL FORM

Patient Name _____
Phone # _____ DOB _____
Address _____
Email _____
Insurance _____ PPO/HMO Auth # _____

Physician: Jack Sun Yuichi Ishida Ryan Bedi Matt Wingo

Referral Reason: Aneurysm CAD Valve TAVR Mitral Clip Convergent Lead Placement

Referring Physician _____ Last Seen _____
Office Phone # _____ Office Fax # _____
PCP _____ Cardiologist _____

Please provide the following patient information if available:

- Demographic sheet, including insurance and authorization for HMO insurances
- Latest history and physical or dictation from office
- Most recent Transthoracic Echo report and CD images **
- All CTA with or without contrast of the chest, abdomen and/or pelvis**
- Recent coronary angiogram Recent EKG Pulmonary Function Test
- Carotid Ultrasound Labs: CBC, BMP, PT/INR

Please do not send Hoag studies-they are accessible by the surgeon's staff

Thank you in advance for your consideration and allowing us to provide exceptional care for your patients.