FRYE Care CARDIOLOGY

A Duke LifePoint Physician Practice

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Electrophysiology: Thomas Wiley, MD, FACC; Ankur Tiwari, MD; Arianna Starnes, NP

PATIENT REFERRAL FORM

PLEASE FAX ALL

- **Insurance cards**
- **Medication lists**
- **Last office note**
- **Labs**
- **Color copy of any EKG strips if done during referring provider's visit**

Date: _____

Patient Name:_____

First Middle Last

Address:_____ **City/State/Zip:** _____

DOB: _____ **SSN:** _____

Phone: _____

Home Mobile

Diagnosis: _____

Referring Physician: _____

Please Print

Referring Office Fax #:_____

Please provide a history and reason for appointment request; attach the results of any diagnostic testing that has been completed prior to this appointment. This referral is not for scheduling diagnostic tests. The provider will order any testing determined to be necessary during the office visit.

Patient Contacted: Yes or No **Appt Date/Time:**_____

- ☐ **Three unsuccessful contact attempts**
- ☐ **Left message**
- ☐ **Could not leave message**
- ☐ **Voicemail full**
- ☐ **Invalid phone number**