



CAPITAL HEART ASSOCIATES, P.A.

4201 Lake Boone Tr., Ste. 104, Raleigh, NC 27607-6520
(919) 881-0160 (919) 881-0887 Fax
www.capitalheart.com

INVASIVE, INTERVENTIONAL, NON-INVASIVE CARDIOLOGY AND PERIPHERAL VASCULAR DISEASE

Robert K. Bruner, M.D., F.A.C.C.
James G. Scanlan, M.D., F.A.C.C.

Joseph A. Guzzo, M.D., F.A.C.C.
Daryl C. Emery, M.D., F.A.C.C.

REFERRAL REQUEST FORM

Patient Name: _____ DOB _____

Patient Home Number _____ Work Number _____ Mobile Number _____

Insurance 1 _____ Insurance 1 Number/Group _____

Insurance 2 _____ Insurance 2 Number/Group _____

To schedule an urgent appointment please call **(919) 881-0160, otherwise fax forms to (919) 881-0887**

Please select type of appointment to schedule below.

- New Patient Consult
 - Established Patient Consult
 - Echocardiogram
 - Carotid U/S
 - Lower Ext. Arterial Doppler
 - Stress Echo (Exercise Only)
 - Exercise Treadmill Test (no echo)
 - Event Monitor (30 days)/Holter Monitor (24 or 48 hr?)
 - Nuclear Stress Test (Lake Boone Trail location only)
Exercise/Chemical (Lexiscan) (circle type of stress)
- Important:** We must receive most recent office notes, test results, and labs to Schedule and authorize this test. Please fax with this referral sheet.

DIAGNOSIS: _____
(We must have a valid diagnosis for the test ordered)

Please circle physician: Bruner Emery Guzzo Scanlan First Available

**Please advise patients to come in at least 15 minutes prior to appointment time to fill out the paperwork.
All new patient paperwork and directions can be found at www.capitalheart.com**

Requesting Physician _____ Physician Signature _____

Office Phone Number _____ Office Fax Number _____

Appointment Date and Time _____
(To be given when you call our office or faxed back to your office)

PLEASE SEND ALL PERTINENT RECORDS TO OUR OFFICE PRIOR TO PATIENT APPOINTMENT

FAX THIS FORM TO (919) 881-0887. THANK YOU FOR YOUR REFERRAL!