HEART
HEART ENDOVASCULAR AND RHYTHM OF TEXAS

www.heartdoc.care
Office: (512) 504-7411
Fax: (512) 215-8824
info@heartdoc.care
Facebook/Instagram: @heartdocaustin

-Referral Form-

Today's Date: _____ Patient Name: _____

Patient DOB: _____ Patient Phone Number: _____

Patient Current Diagnosis: _____

Patient Insurance Name: _____

Patient Insurance Member ID Number: _____

Name of Referring Provider: _____

For a Consult Referral with Dr. Nima Amjadi, please indicate that by checking here ☐
For a Consult Referral with the first available provider, please indicate that by checking here ☐

For an Outpatient Service Only Referral, please provide the following and select from the services below:

(Required) Patient Current Qualifying Diagnosis: _____

CPT Code:_____

- ☐ Echocardiography
- ☐ Stress Testing
  - Chemical*
    - PET Nuclear*
    - SPECT Nuclear*
  - Treadmill*
    - Echo*
    - SPECT Nuclear*
  - Plain Treadmill
- ☐ Holter Monitoring Devices
- ☐ Mobile Continuous Telemetry
- ☐ Implantable Loop Recorder*
- ☐ Abdominal Aortic Ultrasound
- ☐ Venous Studies
- ☐ Arterial Dopplers
- ☐ Carotid Doppler

Comments: _____

Please fax or email patient demographics, medical records, and insurance cards to **Fax # 512-215-8824** or **email referrals@heartdoc.care** and include this form as the cover sheet. You can also process a referral through www.leadingreach.com. **For Outpatient Services Only, please notate that on the referral.**

Heart Endovascular and Rhythm of Texas – H.E.A.R.T.
www.heartdoc.care
Dr. Nima Amjadi and the HEART Team

South Austin
4310 James Casey, Bldg 1, Suite A
Austin, TX 78745

Dripping Springs
170 Benney Lane, Suite 100
Dripping Springs, TX 78620

*Items with a * require a consult referral due to the requirement for HEART to obtain a prior authorization*