



HEART CLINIC OF COLORADO

Vito Calandro, M.D., FACC
10345 S. Parkglenn Way, Suite G-100 Parker, CO 80138
Phone (303)778-1171 Fax (303)778-1674

CARDIOLOGY REFERRAL

Reason for Referral:

Consult with Physician	Echo Stress	Upper Ext. Arterial L / R / B
Abdominal Aorta- Reg	ECG	Lower Ext. Arterial L / R / B
Ankle Brachical Index (ABI)	Treadmill Stress Test	Upper Ext. Venous L / R / B
24 Hour Holter Monitor	Nuclear Stress Test	Lower Ext. Venous L / R / B
30 Day Event Monitor	Lexiscan	
Carotid Ultrasound		
Echocardiogram		
Echo w/ Bubble		

Ordering Provider Information:

Date Ordered _____
Ordering Provider _____
Provider Address: _____
Provider Phone #: _____ Provider Fax#: _____

Patient Information:

Name: _____ Sex: Female Male
Date of Birth: _____
Phone: Home _____ Work _____ Cell _____
Address: _____

Patient Insurance:

Insurance Name/Plan: _____

PLEASE ATTACH COPY OF INSURANCE CARDS AND PATIENT DEMOGRPAHICS

Diagnosis: _____
Drug Allergies: _____

Weight: _____ Height: _____
PLEASE FAX THIS COMPLETED FORM TO 303-778-1674