



Patient Name: DOB: MRN:

Cardiology Clinic, 3001 Broadmoor Blvd. NE, Rio Rancho, NM 87144
Scheduling: (505) 994-7397 **Fax:** (505) 994-7495

External Referral / Consult Request Form

Instruction: The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

- **Patient Demographics & Insurance Information**
 - Please include patient name, address, best contact number, insurance name & policy number

- **Contact information for PCP and/or referring physician**
 - Please include address, phone and fax number

- **Consult Request / Referral**
 - What question do you need addressed by the specialist?

- **Recent Clinic/Progress Notes**
 - Last 3 visits (if applicable)

- **Recent Diagnostic Reports** (up to 3 months)
 - Laboratory: CBC, Lipids, Chem 7, Phosphate, PT/PTT, etc.
 - EKG, Echo, TEE, Stress study, etc.

- **Current Medication List**

- **Urgent consultation via phone.** Please call (888) UNM –PALS to discuss this referral

Patient Appointment Status – For SRMC Clinic Use Only

Appointment has been made with Dr. _____ on _____ at ____ am/pm

Not able to schedule appointment due to:

___ Incomplete information for referral review

Comments:

___ Unable to contact patient

___ Patient declined appointment

___ Recommend appointment with the following specialty _____.

We have forwarded your referral to the above at: _____.

Clinical Reviewer Signature: _____ Date: _____ Doc in EHR: Y / N