



**HEART AND VASCULAR PHYSICIAN OUT-PATIENT
ORDERS for CHF CLINIC
Referral for CHF Clinic**



Call Heart and Vascular at 384-1900, ext. #4470 or 4472, to make an appointment. When completed, please fax this order to Heart and Vascular @912-383-5664

Patient Name:	Patient Phone:
Patient DOB:	Physician:

I. Please select from the following below for the reason for referral

- ☐ CHF with impaired ejection fraction
- ☐ CHF with preserved ejection fraction
- ☐ Physician discretion
- ☐ CHF as primary diagnosis
- ☐ CHF with active treatment
- ☐ Readmission with CHF in less than 30 days ? 60 days ? 90 days
- ☐ Other _____

I. Please fax orders to: Heart and Vascular Lab

- ☐ History/ Physical, discharge summary, last office visit note
- ☐ Most recent chest x-ray report
- ☐ Most recent ECG
- ☐ Most recent ECHO report
- ☐ Last right and left cardiac catheterization report
- ☐ Stress Test Reports
- ☐ Labs: CBC, Electrolytes, Lipid Profile, and Hgb A1C within last 3 months
- ☐ Current Medication List