Renown HEALTH

Institute for Heart and Vascular Health
1500 E 2nd St., Ste. 400 (P1)
Reno, NV 89502

P 775-982-2400
F 775-982-8020

Cardiology Referral

Please complete form, print, sign, then fax to our engagement center: 775-982-8020. Please include any pertinent clinical documentation including notes, imaging reports, lab results, etc.

Referring Clinic Name: ____

Address: ____

Phone: ____________________________ **Fax:** __________________________

Date: _______________

Patient Name: ___________________ _____________________ **DOB:** ____________
(First Name) *(Last Name)*

Diagnosis:

____

Authorization #: ____ *(Indicate 'none' if not required)*
Expiration Date: _________________

Insurance: ____
(Please submit patient face sheet with demographics and copies of insurance cards)

Ordering Physician: __________________ ___________________ ________________
(First Name) *(Last Name)* *(Title)*

Physician Signature: ____

Please check service desired:

- ☐ **General Cardiology APP**
- ☐ **General Cardiology MD**
- ☐ **Structural Heart Program**
- ☐ **Heart Failure Program**
- ☐ **Cardiac Electrophysiology**
- ☐ **Women's Heart Center**

Comments:

Fax to: 775-982-8020