



The Cardiology Clinic has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

1. ALL REFERRALS

- Description of symptoms related to referral
- Complete medication list with dosages
- Copy of discharge summary if recently hospitalized
- Copy of procedure report if recent cath, pacemaker, CABG, etc.,
- Chem 7, CBC and lipid panel within the last 4 months

2. Chest Pain

- EKG
- Stress test (standard, Dobutamine or Nuclear acceptable)

3. Congestive Heart Failure

- ECG
- ECHO
- CXR (PA and Lateral)
- Probnp

4. Cardiac Murmur

- Echo (TTE)
- CXR (PA and Lateral)

5. Palpitations

- ECG
- 24 hour Holter

6. Syncope

- ECG
- Holter
- ECHO

7. Pre-Operative Clearance

- Detailed description of surgical procedure being recommended and planned date of surgery
- ECHO