

AMELIA INSTITUTE OF CARDIOLOGY AND MEDICINE, P.A.
FARID ULLAH, M.D., F.A.C.C.
Diplomate American Board of Internal Medicine
Fellow American College of Cardiology
2334 South Eighth Street
Fernandina Beach, Florida 32034
(904) 261-6135
Fax (904) 261-9998

REFERRAL FORM

DATE: _____

REFERRING PHYSICIAN: _____

PRIMARY PHYSICIAN: _____

REFERRED TO: FARID ULLAH, M.D. _____ BEVERLY MICHAEL, P.A.-C. _____

PATIENT NAME: _____

PATIENT SOCIAL SECURITY # _____ DOB: _____

PATIENT PHONE NUMBER: _____

INSURANCE COMPANY: _____

HMO (Need Referral) PPO TRADITIONAL

DIAGNOSIS: _____

SEND OFFICE NOTES/LABS/TESTS: _____

REFERRAL IF NEEDED: _____

< DOES THE PATIENT HAVE ASTHMA _____

< CAN THE PATIENT WALK ON A TREADMILL _____

< PATIENT'S CURRENT WEIGHT _____

TEST(S) REQUESTED:

_____ CONSULTATION	_____ ROUTINE	_____ URGENT
_____ FOLLOW-UP VISIT	_____ ROUTINE	_____ URGENT
_____ REGULAR STRESS TEST	_____ ROUTINE	_____ URGENT
_____ NUCLEAR STRESS TEST	_____ ROUTINE	_____ URGENT
_____ CARDIAC ECHO DOPPLER STUDY	_____ ROUTINE	_____ URGENT
_____ CAROTID DOPPLER STUDY	_____ ROUTINE	_____ URGENT
_____ 24 HOUR HOLTER MONITORING	_____ ROUTINE	_____ URGENT
_____ EVENT RECORDING	_____ ROUTINE	_____ URGENT
_____ BIOZ TEST	_____ ROUTINE	_____ URGENT
_____ PERIPHERAL ARTERIAL DOPPLER	_____ ROUTINE	_____ URGENT

PLEASE FAX TO THE NUMBER LISTED ABOVE