



**NEW MEXICO HEART INSTITUTE -- SANTA FE**

2085 Pacheco Street, Santa Fe, NM 87505

(505) 984-8012 Main Number

(800) 262-8012 Toll Free

(505) 984-1567 FAX

(See map on page 2.)

N E W M E X I C O  
HEART INSTITUTE

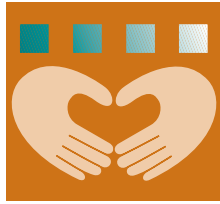
## CARDIOLOGY REFERRAL FORM

<p><b><u>If you are the Requesting Provider</u></b></p> <p>1) Request services "consultation" in your dictation          2) Send this form to NMHI FAX (505) 988-2612          3) Download patient test prep instructions at <a href="http://www.nmhi.com">www.nmhi.com</a>          4) If you need to speak with an NMHI Provider</p>	<p><b><u>If you are the Patient</u></b></p> <p>1) Call NMHI for appointment &amp; instructions  <b>(505) 984-8012</b> or <b>(800) 262-8012</b>          2) Download patient test prep instructions at <a href="http://www.nmhi.com">www.nmhi.com</a>          3) Bring all medications to appointment</p>
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Patient:	DOB:	Patient Telephone:
Requesting Provider:	Requesting Provider Telephone:	Insurance:
Date & Time Scheduled at NMHI (if known)		Current NMHI MD
Reason for Requested Services (Diagnosis/Symptom) & Comments:		

**PLEASE CALL 24 HOURS IN ADVANCE TO CANCEL AN APPOINTMENT.**

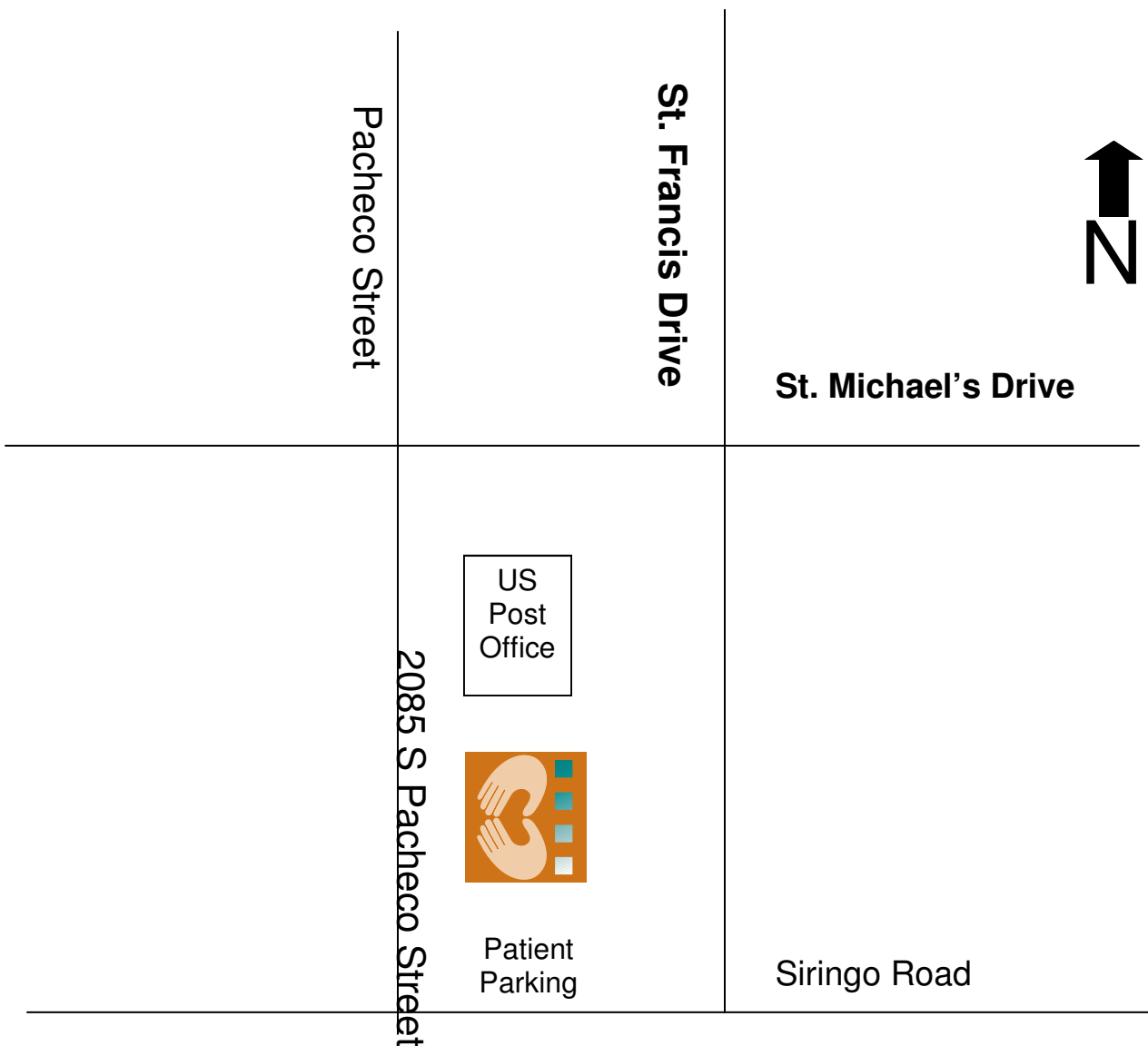
<input type="checkbox"/> <b>Consultation</b> <input type="checkbox"/> <b>Echocardiogram</b> <input type="checkbox"/> CHF <input type="checkbox"/> Pulmonary Insufficiency <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Chronic Ischemic Heart Disease <input type="checkbox"/> Angina <input type="checkbox"/> Murmur <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Fever <input type="checkbox"/> Orthostatic Hypotension <input type="checkbox"/> Volume Depletion <input type="checkbox"/> Arrhythmia (tachycardia, bradycardia, PVCs, Atrial Fib) <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Other <input type="checkbox"/> <b>Holter Monitor 24-Hours</b> <input type="checkbox"/> <b>Event Monitoring 30 -Days</b>	<input type="checkbox"/> <b>EKG with Interpretation</b> <input type="checkbox"/> <b>MUGA</b> <b>Vascular Studies</b> <input type="checkbox"/> <b>Cerebrovascular</b> <input type="checkbox"/> <b>Venous – Upper</b> <b>Extremities</b> <input type="checkbox"/> <b>Venous – Lower</b> <b>Extremities</b> <input type="checkbox"/> TIA <input type="checkbox"/> CVA <input type="checkbox"/> Carotid bruit <input type="checkbox"/> Post endarterectomy <input type="checkbox"/> Claudication <input type="checkbox"/> Venous insufficiency <input type="checkbox"/> Suspect DVT <input type="checkbox"/> Other <hr/> <input type="checkbox"/> <b>Pacemaker Analysis</b> <input type="checkbox"/> <b>Treadmill Test</b>	<input type="checkbox"/> <b>Stress Echo</b> <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Angina <input type="checkbox"/> Chest Pain <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> Conduction Disorders <input type="checkbox"/> <b>Nuclear Stress Test</b> <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Angina <input type="checkbox"/> CHF <input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> Aortic Aneurysm <input type="checkbox"/> Chest Pain <input type="checkbox"/> Abnormal Cardiac Function Study <input type="checkbox"/> Atherosclerosis of Extremities
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[www.nmhi.com](http://www.nmhi.com)



We will continue to be reached at 505.984.8012 or 800.262.8012.