



Louisiana  
CHAPTER

**Cardiologist Referral Form**

Permanent office       Temporary Office – tentative re-open date: \_\_\_\_\_

Practice Name \_\_\_\_\_ # of Physicians \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ URL \_\_\_\_\_

Practice Manager Name \_\_\_\_\_

Office Contact \_\_\_\_\_

Days of the week open \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Medical Plan(s) Accepted \_\_\_\_\_

Hospital Affiliation(s) \_\_\_\_\_

Are you accepting new patients?    Yes    No

Physician Names: (Note: For more than six please send on separate piece of paper or letterhead)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sub-Specialists in your practice:

- \_\_\_\_\_ Interventional Cardiology
- \_\_\_\_\_ Electrophysiology
- \_\_\_\_\_ MR/CT Cardiology
- \_\_\_\_\_ Echocardiography/Echocardiography
- \_\_\_\_\_ Nuclear Cardiology
- \_\_\_\_\_ Heart Failure and Transplant Cardiology
- \_\_\_\_\_ Adult Congenital Cardiology
- \_\_\_\_\_ Preventive Cardiology
- \_\_\_\_\_ Pediatric Cardiology
- \_\_\_\_\_ Vascular Medicine
- \_\_\_\_\_ Cardiovascular Research
- \_\_\_\_\_ Cardiovascular Surgery
- \_\_\_\_\_ Clinical Cardiology/General Cardiology
- \_\_\_\_\_ Other: \_\_\_\_\_

**ATTENTION MEMBERS AFFECTED BY  
HURRICANE KATRINA & RITA:**

Is your office re-opened?    Yes    No

What are your future plans to return?

\_\_\_\_\_

\_\_\_\_\_

How should your patients contact you concerning medical records?

\_\_\_\_\_

\_\_\_\_\_

How should we refer your patients if your office is not open?

\_\_\_\_\_

\_\_\_\_\_

Do you have the following staff in your office:

\_\_\_\_\_ RN    \_\_\_\_\_ NP    \_\_\_\_\_ CNS    \_\_\_\_\_ PA

**Please FAX your completed form to: 504-522-3325.**  
Questions? Call Janna Pecquet at 504-569-9929