



Atrium Health
Sanger Heart & Vascular Institute

New Patient Referral Form

Please fax the completed form and requested documentation to 704-667-9239.

Mail all discs to Attn: SHVI, 9401 Arrowpoint Blvd., Charlotte, NC 28273, or electronically through PowerShare.

The request is for: Consult 2nd Opinion

For patients needing to be seen within 48 hours, please call: 704-355-3012 or 877-999-7484.

Specialty requested (please check one):

- Adult Cardiology Electrophysiology Interventional Cardiology Structural Heart
- Cardio-Oncology Sports Cardiology Women’s Cardiology Heart Failure/Transplant
- Vein Vascular Surgery Cardiac Surgery Thoracic Surgery
- Aortic Disease Preventive Cardiology

Referral diagnosis: _____

Referring office: _____

Referring provider: _____ Contact person: _____

Referring provider phone: _____ Referring provider fax: _____

Patient name: _____ Date of birth: _____

Patient cell #: _____ Best time to call: _____

Alternate phone #: _____ Home address: _____

Please provide the below information or send a scanned copy of the patient’s insurance card:

Patient’s insurance carrier: _____ Policy #: _____ Group #: _____

How will you be sending external medical records (outside Epic)?

- Fax Email (MedicalRecordsroi@AtriumHealth.org) PowerShare

Please note: a referral is not considered complete until the necessary medical records are received.

- All CARDIAC-related tests, labs, imaging in the last 1 year
- Diagnostic studies within the last 1 year (i.e. echocardiogram, EKG, cardiac cath report, monitor strips etc.)
- Referring provider’s most recent office notes
- Cardiologist’s most recent notes (if different from referring MD)

Additional comments:

How do you prefer to receive confirmation once the appointment is scheduled?

- Fax Epic message (Atrium Health only) Phone call (if not available in Epic)

Email, please provide address: _____