



**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, 5000 Airport Center Parkway, Building G, Suite B, Charlotte, NC 28208,  
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: \_\_\_\_\_