



Preventive Cardiology Referral
Levine Children's Congenital Heart Center

Phone: 704-373-1813

Referring Facility Name: _____

Phone Number: _____

Fax Number: _____

Patient Name: _____

Date of Birth: _____

Indication for Referral: _____

Ordering Physician: _____

Ordering Physician _____

Contact Info: _____

Fax referral to 704-342-5871

Please include patient demographics sheet with guarantor information, last office visit note, and all recent labs