



A Teaching Affiliate of the University of Miami Miller School of Medicine

Outpatient Cardiac Scheduling PHONE: (561) 548-3440 FAX: (561) 548-9277

PATIENT NAME _____

DOB ____/____/____ AGE _____ Last Four Digits of SS# _____

BEST PHONE# (____) _____ - _____ SECONDARY PHONE # (____) _____ - _____

TRANSFER FROM _____

JFK ADMITTING PHYSICIAN _____ PHONE (____) _____ - _____

(IF NOT THE REFERRING PHYSICIAN)

REFERRING PHYSICIAN _____ PHONE (____) _____ - _____

PERFORMING PHYSICIAN _____ PHONE (____) _____ - _____

INSURANCE NAME _____ PHONE (____) _____ - _____

AUTHORIZATION # _____ POLICY # _____

SECONDARY INSURANCE _____ POLICY # _____

DIAGNOSIS _____ / CPT Codes _____

DATE OF PROCEDURE ____/____/____ DATE OF ADMISSION ____/____/____

PROCEDURE <input type="checkbox"/> CARADIOVERSION <input type="checkbox"/> LOOP IMPLANT <input type="checkbox"/> TEE DO YOU WANT TO USE ANESTHESIA? <input type="checkbox"/> YES <input type="checkbox"/> NO TIME: _____	SCHEDULING UPON SCHEDULING OR TRANSFER OF PATIENT PLEASE INCLUDE THE FOLLOWING Please check all that are included
CORONARY <input type="checkbox"/> CATH <input type="checkbox"/> PTCA/PCI <input type="checkbox"/> LAO <input type="checkbox"/> PAP DEVICE IMPLANT	<input type="checkbox"/> H&P OR DICTATION # <input type="checkbox"/> STRESS TEST REPORT
PERIPHERAL <input type="checkbox"/> AORTA <input type="checkbox"/> RENAL <input type="checkbox"/> LOWER EXT <input type="checkbox"/> UPPER EXT <input type="checkbox"/> VISCERAL <input type="checkbox"/> IVC FILTER <input type="checkbox"/> CAROTID	<input type="checkbox"/> ULTRASOUND/AB <input type="checkbox"/> CTA <input type="checkbox"/> MRA
<input type="checkbox"/> EPs <input type="checkbox"/> ABLATION _____	<input type="checkbox"/> EKG/ECHO REPORTS
<input type="checkbox"/> TILT	<input type="checkbox"/> MOST RECENT OFFICE NOTES

COPIES FAXED TO _____ BOOKING DATE _____ VERIFIED BY _____

OUTPATIENT _____ DATE _____ TIME _____

Not Part of the Legal Health Record

JFK Medical Center, Atlantis, FL 33462
CARDIAC SCHEDULING

Patient Identification/Label