INTERVENTIONAL CARDIOLOGY
REFERRAL FORM

UCSF Health

Thank you for choosing to refer your patient to UCSF. To start the referral process, please complete this form and fax it directly to the Interventional Cardiology Program at (415) 353-2528.

- Send brief, pertinent medical records, including test results and imaging, that support the consultation.
- Send a copy of the patient's insurance card (both sides) and HMO authorization if required.
- For help referring a patient to UCSF, call (800) 444-2559.

Date: _____ **From:** _____

No. of pages: _____ **Title:** _____

To UCSF practice: _____ **Phone:** _____

Fax: _____ **Fax:** _____

PATIENT INFORMATION

Name of patient _____

DOB _____

Phone _____

Parent or caregiver _____

Address _____

City, State & Zip _____

Insurance _____

CONSULTATION REQUEST INFORMATION

Diagnosis/ICD-9/10 _____

Name of UCSF MD (if known) _____

UCSF MD specialty _____

Reason for consultation _____

By providing the information requested and signing below, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics in association with this consultation. We look forward to collaborating with you on your patient's treatment plan.

REFERRING PHYSICIAN INFORMATION

Referring MD specialty _____

Phone _____

Fax _____

Primary care provider phone _____

Signature _____

To ensure timely evaluation and optimal care for your patient, please include the following documentation and imaging with your referral. Incomplete referrals may delay timely care.

Services include structural heart disease (TAVR, TEER, TMVR, TTVR, LAAO, PFO/ASD), renal denervation, and complex coronary disease.

- Clinic notes: recent H&P and recent cardiology consultation, if applicable (within the last 6 months)
    - Prior PCI/CABG operative notes, if applicable
- Transthoracic echocardiogram report and **images** (within the last 6 months)
- Cardiac catheterization-coronary angiogram, cardiac MRI, vascular studies (carotid doppler, peripherals), CTA report and images/coronary artery calcium score, TEE, heart monitor report, stress test (echo, nuclear, ECG) if applicable
- Recent labs (within the last 6 months)
- Operative log/procedure note if prior heart valve intervention indicated
- 3 Mensio Report, if applicable (for 2nd opinions)
- Dental Clearance (for structural heart disease only)
- Prior Authorization (if needed) - UCSF NPI: 1639278369 CPT Code: 99205

Instructions for Imaging Requests

- Please push images to UCSF electronically through Ambra, Life Image, or Powershare. If you do not have access to these methods, you may use the link below to electronically upload directly into the UCSF system:
    - https://ucsf.ambrahealth.com/share/ucsf_patientuploads
    - UCSF share code: ucsf_patientupload

- If you are unable to push images electronically, please mail a CD to:

  Heart and Vascular Clinic – Interventional Cardiology
  400 Parnassus Avenue, 5th Floor, Suite 501A – Box 0957
  San Francisco, CA 94143

- For urgent referrals, please contact the office at (415) 353-2873, and we may facilitate the use of the FedEx label.