

Ashish B Madhok, MD, FACC, FASE, MBA Jerry D Walkup Jr., MD, FAAP, FACC Brooke Pennings, MSN, PNP Lacy Hicks, CPNP

Patient name:						
DOB: SSN:						
Address	:					
City: State: Zip:						
Phone numbers (provide 2): Email:						
Patient insurance information (required)-						
Primary:Policy#Policy#						
Secondary:Policy#Policy#						
Referring provider Requesting Consultation:						
The Provider is Requesting Consultation from Pediatric Cardiology for the following (please select): • Murmur • Hypertension • Tachycardia						
0	Bradycardia	0	Chest pain	0	Abnorm	al Labs
0	Abnormal EKG	0	Palpitations	0	Hemang	ioma
0	Syncope/Pre-syncop	pe/Dizziness		0	Pectus D	eformity
0	FHx of Heart Defect	/ Disease		0	Abnorm	al Fetal US
Please send the following: Demographic sheet Most recent office visit note Reports/Results of any testing Copy of insurance card						sit note y testing
Thank you for the referral! Please fax this form and all documents to 423-246-4300 . Once we have received all documents and insurance information, we will contact patient to schedule. To ensure the soonest appointment and provide the best quality of care with fast results directly to your patient <u>we request cardiac testing be performed by our office and Not prior to referral,</u> <u>including Echocardiogram and heart monitors</u> . Outside testing may delay appointment.						
For TCPC use:						
Appointment date: Appointment time: (a.m./p.m.) Appointment location: Johnson City Kingsport Abingdon Norton Provider: Ashish Madhok, MD Jerry Walkup, MD O I have notified the family						
• We attempted but are unable to contact the patient, please direct the patient to call our office						
Phone: 423-610-1099 Fax: 423-246-4300						
www.pedscardiology.com						
2312	nson City Office 2 Knob Creek Rd Suite 208 on City, TN 37604	Kingsport Of 935 Wilcox (Suite 150 Su Kingsport, Ti	Ct ite 100	Abingdon Office 16000 Johnston Memo Abingdon, VA 242	orial Dr	Norton Office 1490 Park Ave Suite 4B-2 Norton, VA 24273