



Patient Name: DOB: MRN:
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**Cardiology Clinic**, 3001 Broadmoor Blvd. NE, Rio Rancho, NM 87144  
**Scheduling:** (505) 994-7397 **Fax:** (505) 994-7495

**External Referral / Consult Request Form**

**Instruction:** The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

**Patient Demographics & Insurance Information**   
 - Please include patient name, address, best contact number, insurance name & policy number

**Contact information for PCP and/or referring physician**   
 - Please include address, phone and fax number

**Consult Request / Referral**   
 - What question do you need addressed by the specialist?

**Recent Clinic/Progress Notes**   
 - Last 3 visits (if applicable)

**Recent Diagnostic Reports** (up to 3 months)   
 - Laboratory: CBC, Lipids, Chem 7, Phosphate, PT/PTT, etc.  
 - EKG, Echo, TEE, Stress study, etc.

**Current Medication List**

**Urgent consultation via phone.** Please call (888) UNM –PALS to discuss this referral

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**Patient Appointment Status** For SRMC Clinic Use Only

Appointment has been made with Dr. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_ am/pm

Not able to schedule appointment due to:  
 \_\_\_ Incomplete information for referral review  
**Comments:**  
 \_\_\_ Unable to contact patient  
 \_\_\_ Patient declined appointment  
 \_\_\_ Recommend appointment with the following specialty \_\_\_\_\_.  
 We have forwarded your referral to the above at: \_\_\_\_\_.

Clinical Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Doc in EHR: Y / N