



2018 Clinch Avenue
South Tower, 2nd Floor
Knoxville, TN 37916

Phone: (865) 522-0420
Fax: (865) 246-7564

Pediatric Cardiology

Referral Request

Please fax the following information with this completed referral form to (865) 246-7564:

- Last office visit record
- Demographics
- Insurance cards (front and back)
- Guardianship papers
- Relevant lab work
- **Any previous cardiac records (Op notes, ekg, echo, heart monitor results, cath reports, stress test etc.)**

Referring Provider: _____ Date: _____

Office Phone: _____ Office Contact: _____

Office Fax: _____ New or Returning patient: _____

Sibling seen by a Provider here? If yes, please provide their name: Yes _____ No _____

Reason for referral: _____

Provider preference? (Please circle one)

First Available Dr. Yvonne Bremer Dr. David Hurst Dr. Michael Liske Dr. Sumeet Sharma

Demographics

Patient Name: _____ Date of birth (DOB): _____

Address: _____

City: _____ State: _____ Zip: _____

SS# _____

Parent/Legal Guardian: _____

Phone: _____ Email: _____

Does this patient require an interpreter? If so, what language? Yes _____ No _____

If previously seen by Cardiology, when and where were you last seen? _____

Phone #: _____ Fax #: _____

Insurance Information

Primary Insurance: _____

Subscriber ID: _____ Group #: _____

Policy Holder's Name: _____ Policy Holder's DOB: _____

Secondary Insurance: _____

Policy Holder's Name: _____ Policy Holder's DOB: _____

Office Use Only

Appointment Date: _____ Provider: _____

Appointment not scheduled? Reason? _____

Records received from primary care: _____