



1609 SW 17th street, Ocala, FL 34471
Phone: (352) 401-9888 Fax: (352) 401-9852

Date: _____
Referring Provider: _____ NPI# _____
Patient Name: _____ Date of Birth: ____/____/____
Patient Phone Number: (____) _____ Patient SSN#: ____/____/____
Diagnosis (written name and DX code numbers): _____
Primary Insurance: _____
Secondary Insurance (if available): _____
Authorization Number and expiration date: _____

Type of test:

- _____ Cardiac Catheterization
- _____ Carotid Angiogram
- _____ Renal Angiogram
- _____ Leg Angiogram
- _____ Lower Extremity Angiography
- _____ ECP (External Counter Pulsation)
- _____ Pacemaker and AICD follow-ups
- _____ Nuclear Stress Testing
- _____ Consultation
- _____ Thallium Stress Test
- _____ Pharmacological Stress Thallium (non-treadmill)
- _____ Dobutamin Stress Test (recommended for asthmatic patients)
- _____ Adenosine Stress Test
- _____ Regular Stress test (non-nuclear, treadmill only)

URGENCY:

- _____ Regular (within 1-2 weeks)
- _____ Stat (next working day)
- _____ Emergency (same day if possible)

Physician orders must accompany this form along with insurance authorization (if required).

Nagender Reddy, M.D. NPI # 1588657381

FAX REFERRAL FORM & ORDERS TO (352) 401-9852