



PARKWAY CARDIOLOGY ASSOCIATES

New Patient Appointment Request Form

Fax: (865) 374-2205

Locations

- **Oak Ridge Office:** 80 Vermont Ave. Oak Ridge, TN 37830 PH: (865) 482-4078
- **Jellico Office:** 131 Hospital Lane Jellico, TN 37762 PH: (865) 482-4078
- **Clinton Office:** 110 Executive Park Dr. Clinton, TN 37716 PH: (865) 482-4078
- **Wartburg Office:** 1236 Knoxville Hwy Suite 500 Wartburg, TN 37887 PH: (865) 482-4078
- **Harriman Office:** 8035 Roane Medical Center Dr. #250 Harriman, TN 37748 PH: (865) 316-9636
- **Crossville Office:** 100 Lantana Rd Suite 202 Crossville, TN 38555 PH: (865) 482-4078
- **Fairfield Glade Office:** 132 Stonehenge Drive Fairfield Glades, TN 38558 PH: (865) 482-4078

Patient Name: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Day Phone: (_____) _____ Social Security# _____

Referring Physician: _____ Referring Physician Signature: _____

Office Phone: (_____) _____ Office Fax: (_____) _____

Please indicate service requested

Patient Diagnosis: _____

<input type="checkbox"/> Consult		Cardiologist Requested: <input type="radio"/> Justice <input type="radio"/> Montes <input type="radio"/> Sheth <input type="radio"/> Siddiqi <input type="radio"/> Vohra <input type="radio"/> Lorson <input type="radio"/> Harrell <input type="radio"/> First Available	
		Location: <input type="radio"/> Oak Ridge <input type="radio"/> Harriman <input type="radio"/> Jellico <input type="radio"/> Clinton <input type="radio"/> Wartburg <input type="radio"/> Crossville <input type="radio"/> Fairfield Glade	
<input type="checkbox"/> Regular GXT (93015)			
<input type="checkbox"/> GXT MPS (78452)**		Height: _____ Weight: _____	
<input type="checkbox"/> Lexiscan/Lexiwalk MPS (78452)**		Height: _____ Weight: _____	
<input type="checkbox"/> Stress Echo (93351)**			
<input type="checkbox"/> Echo (93306)**			
<input type="checkbox"/> Carotid Ultrasound (93880, 93931)**			
<input type="checkbox"/> Holter Monitor (93224)		<input type="radio"/> 24 Hour -OR- <input type="radio"/> 48 Hour (limited to 24hr & 48hr)	
<input type="checkbox"/> Event Monitor (93268)		How long? _____ (3, 5, 7, 14, 21, 28 days)	
<input type="checkbox"/> MCOT Monitor (93228, 93229)**		How long? _____ (3, 5, 7, 14, 21, 28 days)	
<input type="checkbox"/> Tilt Table Test ** (this will be performed at Methodist Medical Center)			

** If your patient requires insurance preauthorization, please include confirmation with referral to avoid delays in scheduling.

- No Authorization Required
- Authorization _____
Date Range/Exp Date: _____

Send completed form along with a copy of insurance card(s), authorization (if applicable), and clinical documentation including office notes, EKG, all previous cardiac testing/procedures and recent lab work to **(865) 374-2205**. We will contact the patient then notify you of the appointment date/time.