The Cardiology Clinic has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form prior to requesting the referral. Please mark the appropriate box(s) as indicated.

1. **ALL REFERRALS**
   - ☐ Description of symptoms related to referral
   - ☐ Complete medication list with dosages
   - ☐ Copy of discharge summary if recently hospitalized
   - ☐ Copy of procedure report if recent cath, pacer, CABG, etc.,
   - ☐ Chem 7, CBC and lipid panel within the last 4 months

2. **Chest Pain**
   - ☐ EKG
   - ☐ Stress test (standard, Dobutamine or Nuclear acceptable)

3. **Congestive Heart Failure**
   - ☐ ECG
   - ☐ ECHO
   - ☐ CXR (PA and Lateral)
   - ☐ Probnp

4. **Cardiac Murmur**
   - ☐ Echo (TTE)
   - ☐ CXR (PA and Lateral)

5. **Palpitations**
   - ☐ ECG
   - ☐ 24 hour Holter

6. **Syncope**
   - ☐ ECG
   - ☐ Holter
   - ☐ ECHO

7. **Pre-Operative Clearance**
   - ☐ Detailed description of surgical procedure being recommended and planned date of surgery
   - ☐ ECHO