



Lana S. Skelton, MD
Michael H. Butler, MD
Mark T. Watkins, MD
James M. Heery, MD
3226-A Hampton Avenue, Brunswick, GA 31520
PHONE: (912)264-0760 FAX: (912)264-2933

DATE: _____ BY: _____ With Dr.: _____ APPT DATE: _____
TIME: _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____ DOB: _____

SEX: ___ MARITAL STATUS: _____ HT: _____ WT: _____ 350 pound limit in office – larger patients seen at hospital

SOCIAL SECURITY #: _____ HOME PHONE: _____ CELL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

EMAIL ADDRESS: _____

PRIMARY INSURANCE CARRIER: _____

POLICY #: _____ (need copy of card)

SECONDARY INSURANCE CARRIER: _____

POLICY #: _____ GROUP #: _____

CHECK THINGS TO BE DONE:

- _____ Cardiology Consultation _____ Self Referral New Patient _____ Pre-op Clearance
- _____ Holter Monitor _____ Type of Surgery: _____
- _____ Event Monitor
- _____ Echocardiogram
- _____ Other: _____

_____ **Stress Nuclear: TREADMILL, LEXISCAN, DOBUTAMINE**
DX: Chest pain, Abn. EKG, CAD, Pre-op in Moderate to high risk patient, Other: _____

_____ **Stress Echo: TREADMILL, DOBUTAMINE**
DX: Hypertension, Chest pain, CAD, Abn. EKG, Pulm. HTN, SVT, Valve abn., Dyspnea, Other: _____

_____ **Carotid Ultrasound**
DX: Bruit, Visual Loss, Vertigo, Hearing loss, CVA, TIA, Dizziness, Syncope, Previous intervention,
Other: _____

_____ **Abdominal Ultrasound:**
DX: HTN, Aortic atherosclerosis, AAA, Abdominal pain, Abdominal bruit, Other: _____

_____ **Lower Extremity Ultrasound,**
Arterial DX: Claudication, Abnormal ABI, PVD, Diabetes, LE ulceration, previous vascular intervention
Venous DX: Edema, venous stasis, Leg pain, History of DVT, Pulmonary embolism Other: _____

_____ **Ankle Brachial Indices:**
DX: Claudication, Previous Vascular Intervention, Leg Pain, Diabetes, Reduced Pulses

SYMPTOMS PROMPTING REFERRAL: _____

REFERRING DR: _____ **PHONE:** _____ **FAX:** _____

PLEASE FAX REFERRAL TO: 912-264-2933