



The St. Joseph's Heart Hospital Valve Clinic Referral Form

Complete and fax this form to (912) 691-9063 or call the Valve Clinic coordinator at (912) 819-4454

Patient Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Allergies: \_\_\_\_\_

Notes: \_\_\_\_\_

Services for the Valve Clinic

Please check below those services that have been completed and forward all results to the Valve Clinic coordinator Testing should be current (completed within 90 days of Valve Clinic appointment.)

Echo:  TTE  TEE Labs:  CBC  CMP  PT  PTT  INR

CTA (C/A/P) TAVR Protocol  Room Air ABG

Cardiac Cath (right and left)  Carotid US

PFTs (Spirometry and Diffusion Capacity)

\_\_\_\_\_

The valve clinic coordinator will arrange for any additional testing required for the valve clinic visit. All notes and results of these studies will be provided to the referring physician and the primary care physician.

Referring Physician Information

Name: \_\_\_\_\_

Please indicate the best way for a Valve Clinic physician to contact you.

Email: \_\_\_\_\_  Office Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

The St. Joseph's Heart Hospital Valve Clinic
St. Joseph's/Candler Health System
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Savannah, GA 31419
(912) 819-4454