



MCI Elmhurst
 133 EAST BRUSH HILL ROAD, SUITE 202
 ELMHURST, IL 60126

P: (331) 231-6200
 F: (331) 231-6201

PATIENT NAME _____ PATIENT EMAIL _____
 PATIENT PHONE# _____ CELL# _____ DOB _____ DATE _____
 INSURANCE REFERRAL/PRECERT # (IF APPLICABLE) _____ NPI # _____

CHECK WHICH PHYSICIAN YOU WOULD LIKE TO REFER YOUR PATIENT TO:

- First Available
- Elmer Murdock, MD
- Michael Trybula, MD
- Cathy Adamson, APN
- Anish Amin, MD
- John Cahill, MD
- Pratik Parikh, MD
- Rebecca Hagensee, APN
- Apoor Gami, MD
- Lawrence Barr, MD
- Steven Lieberman, MD
- Cash Casey, MD
- Michael Brottman, MD

- Cardiovascular Consult (Dx/Symptom):** _____

- Peripheral Artery Disease Consult (Dx/Symptom):** _____

- Venous Disease Consult (Dx/Symptom):** _____

- Diagnostic Testing Only (Dx/Symptom):** _____

- Pre-Op Evaluation/Cardiac Risk Assessment:**
 Please contact cardiology before holding Plavix, Effient, Brilinta or Aspirin in patients with stents.
 - Cardiovascular Dx/Symptom: _____
 - Reason for Procedure/Surgery: _____
 - Date of Procedure/Surgery: _____
 - Type of Procedure/Surgery: _____
 - Anesthesia: Local General

TEST	ICD-10 CODE	INDICATION

PLEASE REFER TO REVERSE FOR COMMON INDICATIONS OF TESTS

_____ COMPLETED BY	_____ NAME OF REFERRING PHYSICIAN/SURGEON (PLEASE PRINT)	_____ DATE
_____ PHONE NUMBER	_____ FAX NUMBER	_____ SIGNATURE OF REFERRING PHYSICIAN/SURGEON