UnityPoint Clinic

UNITYPOINT CLINIC – PEDIATRIC CARDIOLOGY
855 A AVE NE, STE 310, CEDAR RAPIDS, IA 52402
PHONE: 319-558-4951
FAX: 319-558-4952

Specialty Referral Form
PEDIATRIC CARDIOLOGY

Patient Information

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Language: _____

Please provide a front and back copy of the patient's insurance card.

Subscriber's DOB: _____

Parent/Guardian's First and Last Name: _____

Past Medical History

☐ Include most recent progress notes including reason for referral

☐ Include all pertinent labs

☐ Include all previous cardiac testing

Referring Office:

Date of Referral:_____

Referring Provider: _____ Referring Office: _____

Phone: _____ Fax: _____ City: _____ State: _____

Reason for Referral: _____

Please check: ☐ Echocardiogram and Consultation ☐ Holter Only

Scheduling:

UPC Pediatric Cardiology will call patient directly to schedule appointment once documents have been received. All echocardiograms will be accompanied by a provider consultation.