



Children's Heart Center of Central Oregon

Fetal, Pediatric, and Adult Congenital Cardiology

2041 NE Williamson Ct
Suite A
Bend, OR 97701

Phone (541)639-8333
Fax (541)507-9181

REFERRAL FORM

Date: _____

Patient information:

Patient Name: _____ DOB: _____

Parent/contact person: _____

Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Requesting provider: _____ Phone: _____

Diagnosis: _____ ICD 10 Code: _____

Comments: _____

Service(s) requested (please check all applicable):

- Consultation (includes testing per cardiologist's discretion)
- Echocardiogram only (*patient will not be seen by cardiologist; ordering provider will give results*)
- Fetal echocardiogram/fetal cardiology consultation
- Preventive Clinic (e.g. prediabetes, hyperlipidemia)
- Ambulatory monitor (Holter, Zio); length of time: _____ days (up to 14)
- Ambulatory blood pressure monitor
- EKG only

Scheduling urgency: Immediate Within 2 weeks No preference

Please fax this referral form with chart notes and demographics to (541) 507-9181.

Thank you!