

Cardiology

Patient Consult/Appointment Request



Fax completed form and records to the office location you are requesting for the patient's appointment.

Office Locations:

Topeka - Cotton O'Neil Heart Center
929 S.W. Mulvane St. Topeka, KS 66606
Phone: 785-270-4000 (1-800-468-0177)
Fax: 785-270-4105

Manhattan - Cotton O'Neil Manhattan Cardiology
1133 College Ave Manhattan, KS 66502
Phone: 785-537-2651
Fax: 785-565-2829

Patient Information

Name: _____
Address: _____

Date of Birth: _____
Phone number: _____

Documents needed

- Demographics Sheet
- Cardiac related notes
- EKG's
- Copy of Insurance Card
- Medication list
- Test/Procedure Results

Reason for Referral: (Any test ordered will need to have PRIOR AUTHORIZATION done before test is scheduled. Please include this form with the order to prevent delays.)

- Initial Consult
- 24/48 hour Holter
- 30 day monitor
- Nuclear Treadmill
- Lexiscan
- Stress Echo
- GXT
- Echocardiogram
- Arterial Ultrasound
- Venous Insufficiency
- Abdominal Aorta Ultrasound
- Carotid Ultrasound
- Echocardiogram with bubble study

Diagnosis: _____

Notes/other info: _____

Referring Provider Name: _____ Signature: _____ Date: _____

If you have questions pertaining to this document, please contact: Cotton O'Neil Resource Nurse at 785-270-4518