



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)749-2126

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: _____

Referral coordinators: All services, except SEDATED echo (typically ages 7 months up to 3 years) and stress test, are available without cardiology consultation. To avoid confusion, please do not check "consultation" if provider has ordered a test only. If ordering echo only, please specify (comments section above) clinical findings and information desired.

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

- Consultation (includes testing per cardiologist's discretion)
- Echocardiogram (transthoracic)*
- Fetal echocardiogram
- Treadmill/stress test (with or without PFT's; with cardiology consultation only)
- Holter monitor (24 hour or 48 hour)
- Cardiac event monitor (30-day)
- Ambulatory blood pressure monitor
- EKG

Scheduling urgency: Immediate Within 1-2 weeks No preference

Please fax this referral form with chart notes and demographics to (541) 749-2126.

Thank you!