

Kern Cardiology Medical Group

-Since 1978

(Sam) Sarabjit Singh, MD. FACC. FSCAI.

4000 Physician's Blvd Bldg E #101, Bakersfield, CA 93301. Tel: 661-327-0807; Fax: 661-327-7593

Physician Referral Form Patient Name: ______; DOB: __/____; Health Plan _____ Clinic History/ Diagnosis: _____ Phone# () Referring Physician's Name: _____ **Requested Urgency:** □ Next Availability □ Within 1-2 Weeks □ Urgent □ Preferred Appointment Date_____ Time: ____AM/PM **Report:** Routine Stat Fax # (___) Stat Call: Cell# if after hours (___) **Requested Services or Reasons for Referral: Office Visit** Dr. S. Singh Consultation Surgical Clearance Cardiovascular Stress Test (Treadmill, Bicycle, Ergometer) **Diagnostic Tests** ____ 24-Hour Holter Monitor; ______48-Hour Holter Monitor Event Monitor (1 week; 2 weeks; 3 weeks; 4 weeks) _Echo (Regular) ____Stress Echo _____ Dobutamine Echo **Echocardiogram Nuclear Medicine Lab** _Nuclear Stress Test (For patients who are able to Exercise) Nuclear Adenosine Test (For patients who are unable to Exercise) Nuclear Dobutamine Test (For patient with Asthma) Lower Extremity Arterial (___Right; ___Left; ___Both) ___With Exercise Vascular Ultrasound ____ Upper Extremity Arterial (____Right; ____Left; _____Both) ___ Lower Extremity Venous Doppler with Imaging

Thank you for referring your patient to Kern Cardiology Medical Group.

Please provide this form to your patient or fax it to our office. We will call the patient to schedule the appointment today. Referral Fax Line: 661-327-7593; Scheduling Phone #: 661-327-0807

> Our Address: 4000 Physicians Blvd Building E #101, Bakersfield, CA 93301 Tel: 661-327-0807 Fax: 661-327-7593

Ankle Brachial Index (___Right; ___Left; ___Both)

(___Right; ___Left; ____Both)

(The office is located 3 blocks away from Bakersfield Memorial Hospital at the corner of San Dimas St. & 40th inside the gated Physician's Plaza.)