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## Delta Convenient Care, PC

Elie H. Korban, MD, FACC, FACP, FASLMS

α Board-Certified in Cardiovascular Diseases  
17 Centre Plaza Drive  
Jackson, TN 38305

# CARDIOLOGY REFERRAL

Patient's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Policy ID#: \_\_\_\_\_

### TESTS REQUESTED (CIRCLE ONE)

CTA Coronary	Nuclear Stress Test	Interventional Procedure
Ultrasound	ABI	Cardiology Consultation
Echocardiogram	PFT	External Counter Pulsation

### DIAGNOSIS/ INDICATIONS

Leg Pain	Shortness of breath	Stroke
Pulmonary HTN	Chest Pain Evaluation	Syncope
Palpitation	Dizziness	Peripheral Arterial Disease
Other: _____	Allergies: _____	

### ORDERING PROVIDER

Physician: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_

Phone #: 731-512-0104

Fax #: 731-668-7388