Institute for Exercise and Environmental Medicine

Texas Health Presbyterian Hospital DALLAS | UT Southwestern Medical Center

Fax to 214-345-4647

REFERRAL FORM

Patient Name: _____

DOB: _____ Email: _____

Phone #: _____ Cell #: _____

Height: _____ Weight: _____

Address: _____

Insurance Carrier: _____

Policy ID#: _____ Group #: _____

Please check the box of the requested service (Specify if exercise testing is to be done on cycle/treadmill/swim flume)

☐ Dr. Benjamin Levine ☐ Consult w/wo Autonomic Function Test ☐ Consult and Cardiopulmonary Exercise Testing

☐ Cardiopulmonary Exercise Testing Only ☒ Altitude Testing

☐ Dr. Satyam Sarma ☐ Cardiopulmonary Exercise Testing ☐ Cardiopulmonary Exercise Test w/Right Heart Cath

☐ Dr. James MacNamara ☐ Cardiopulmonary Exercise Testing ☐ Cardiopulmonary Exercise Test w/Right Heart Cath

☐ Dr. Andrew Tomlinson ☐ Cardiopulmonary Exercise Testing

☐ Dr. Salman Bhai ☐ Consult Only ☐ Consult w/ Cardiopulmonary Exercise Testing and Muscle Biopsy

☐ Consult with Muscle Biopsy

☐ Dr. Alan Martin ☐ Consult Only ☐ Consult w/ Cardiopulmonary Exercise Testing and Muscle Biopsy

☐ Consult with Muscle Biopsy

☐ Shannon Grappe, APRN ☐ POTS exercise program ☐ 24-hour Ambulatory Blood Pressure Monitor Study

Referral must include the following:

- FRONT/BACK COPIES OF INSURANCE CARD
- FRONT/BACK COPIES OF IDENTIFICATION CARD
- CLINICAL DOCUMENTATION SUPPORTING REFERRAL AND REQUESTED TESTING
- PERTINENT LAB RESULTS OR MOST RECENT LAB RESULTS
- MOST RECENT ECHO, EXT HEART MONITORING, 12-LEAD EKG, PULMONARY FUNCTION TESTING

ORDERING PROVIDER

Physician: _____ Dx: _____

Phone #: _____ Fax #: _____

Physician Signature: _____

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Affiliated with the University of Texas Southwestern Medical Center at Dallas
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