



Out of State Referrals:

Documents Required:

1. Completed intake form. (We can mail the form, or they can download from the website). Especially important each section filled out.
2. Medical records, including previous ultrasound reports, previous intervention.
3. Films from previous ultrasounds or previous angiogram or any other pertinent study
4. List of all medications and pharmacy
5. Copy of insurance cards and photo identification
6. List of current physicians, including PCP and permission to contact them as needed.

Once Documents are obtained, Dr. Fakorede will review and a nurse will contact patient with next step.

All out of state patients must be able to stay at a hotel and medically able to be treated at an out-patient setting. Patient will be responsible for transportation, lodging and food while in the Cleveland area. Patient's must be accompanied by an adult, 18 or older, if procedure is performed.



Cardiovascular Solutions of
Central Mississippi



Fusion
Vascular

Referral Form

Date: _____

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City, State, & Zip code _____

Phone Number: _____

Primary Insurance: _____

Insurance ID: _____

Secondary Insurance: _____

Insurance ID: _____

Reason for Referral: _____

Scheduling Request: Urgent Emergent Next Available

Referring Physician: _____

Phone Number: _____

Fax Number: _____

Please attach the following information/documents (if available):

- Radiology and lab reports, EKG's, and any other studies
- Current medication and allergies
- Office note
- For any questions or concerns contact our office (888)757-0838

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