



Cardiovascular Solutions of  
Central Mississippi

## 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.



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## 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

**Foluso Fakorede, MD**

**Interventional Cardiology**

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