Ronald J. Bloom, MD, FACC
Brett Nowlan, MD, FACC, RPVI, ABCL
Patrick J. Corcoran, MD, FACC, FSCAI, RPVI
Carolyn M. Kosack, MD, FACC
Tracy Patel, MD, FACC, RPVI
Maria Theresa Santos, MD, FACC, RPVI

Cottage Grove Cardiology, P.C.

Specializing in Cardiovascular Medicine

Julian Esteban, MD,MS, FACC
Jawad Haider, MD, FACC
Vincent F. Romano, MD, FACC
Erin Vincent, PA-C
Gabriella Smith, PA-C
Jason Cornelio, PA-C

REFERRING PHYSICIAN CONSULT/PROCEDURE FAX REQUEST

Date: _____

I am referring my patient _____ for evaluation by Cottage Grove Cardiology, PC.

Please call my patient at _____ to schedule an appointment.

The patient is being referred for:

☐ Evaluation due to

_____

_____

☐ Test only (Please circle choice): ECG/EKG HOLTER PACEMAKER CHECK VASCULAR

STRESS TEST: NUCLEAR OR TREADMILL ONLY ECHO

☐ I am providing additional written documentation regarding my patients health.

If ordering a stress test, nuclear test, echo, or vascular study please use the specific order form pertaining to that test. Our order forms can be found on our website at www.cottagegrovecardiology.com.

I prefer my patient to be seen by:

_____ Cardiologist with the earliest available appointment
_____ Patrick J. Corcoran, MD, FACC, FSCAI, RPVI
_____ Jawad Haider, MD, FACC
_____ Brett Nowlan, MD, FACC, RPVI, ABCL
_____ Tracy Patel, MD, FACC, RPVI
_____ Ronald J. Bloom, MD, FACC
_____ Julian Esteban, MD, MS, FACC
_____ Carolyn M. Kosack, MD, FACC
_____ Vincent F. Romano, MD, FACC
_____ Maria Theresa Santos, MD, FACC, RPVI

After my patient is seen, please expedite the findings to my attention at:

Referring Physician: _____ Group Name: _____

Phone Number: _____

Address: _____

_____

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