UnityPoint Clinic

UnityPoint Clinic – Pediactric Cardiology
855 A Ave. NE, Floor 3
Cedar Rapids, IA 52402
(319) 558-4951
fax (319) 558-4952
unitypoint.org

Specialty Referral Form

PEDIATRIC CARDIOLOGY

Patient Information

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Language: _____

Please provide a front and back copy of the patient's insurance card.

Subscriber's DOB: _____

Parent/Guardian's First and Last Name:_____

Past Medical History

☐Include most recent progress notes including reason for referral

☐Include all pertinent labs

☐ Include all previous cardiac testing

Referring Office:

Date of Referral:_____

Referring Provider: _____ Referring Office: _____

Phone: _____ Fax: _____ City: _____ State: _____

Reason for Referral: _____

Please check: ☐ Evaluate and Treat ☐ Echo Only ☐ Holter Only

Scheduling:

UPC Pediatric Cardiology will call patient directly to schedule appt once documents have been received.