



LEITH ABDULLA, MD

A Diplomate in Cardiovascular Disease

REFERRAL FORM

Patient Name: _____ Date of Birth: _____

Patient's Contact Number: _____ Email: _____

Clinical History: _____

Insurance Name: _____ Insurance Number: _____

Referring Provider: _____ Specialty: _____

Referral Number (If needed): _____ NPI: _____

Phone Number: _____ Fax Number : _____

Referring Provider Signature: _____ Date Signed: _____

Service Requested

- Cardiac Consultation
- Coronary Artery Disease Prevention
- High Cholesterol Management
- High Blood Pressure Management
- Diabetes Management
- Heart Failure and Cardiomyopathy Management
- EKGs and Echocardiogram
- Exercise Treadmill Test
- Stress Echocardiogram
- Nuclear Stress Test
- Heart Rhythm Monitors- 24 Hour Holters and Event Monitors
- Vascular Ultrasound
- Invasive Heart Testing
(Heart Catheterizations done in the Hospital)

Reason for Referral

- Abnormal EKG
- Chest Pain
- Arm Pain
- Shoulder Pain
- Jaw Pain
- Dizziness or Passing Out
- Shortness of Breath
- Persistent High Blood Pressure
- High Cholesterol
- Racing Heart or Fluttering in the Chest
- Irregular Heart Beat
- Leg Pain
- Leg Cramps
- Other: _____ ICD-10: _____

OFFICE LOCATIONS

OLNEY

3411 Olandwood, Suite 105
 Olney, Maryland 20832
 Phone: 301-774-5260
 Fax: 301-774-1336

ROCKVILLE

11125 Rockville Pike, Suite 208
 Rockville, Maryland 20852
 Phone: 301-881-5858
 Fax: 301-230-1233

Visiting your cardiologist on a regular basis is key to a healthy life. Whether you have chronic heart disease or are just coming in for a checkup, we want to make sure you have all the facts you need to make an educated decision about your health.