Request for Cardiovascular Services at MercyOne Iowa Heart Center

Fax this form to the MercyOne Iowa Heart Center along with the patient's records (last office notes), demographics and insurance card.

Patient name (First, Middle, Last): _____DOB: _____

Diagnosis for referral: _____Pt phone #:_____

Requesting providers name: _____

Requesting office phone number: _____ Fax number: _____

Primary Care Provider: _____
Patient Insurance: _____

Select preferred Iowa Heart Center appointment location:

- ☐ **Ankeny** P: 515-643-7777 F: 515-643-7781
- ☐ **Ames** P: 515-232-2500 F: 515-246-4479
- ☐ **Carroll** P:712-792-6500 F: 515-246-4481
- ☐ **Fort Dodge** P: 515-574-8700 F: 515-246-4482
- ☐ **West Des Moines** P: 515-633-3600 F: 515-288-0840
- ☐ **MercyOne Campus/Laurel St Des Moines** P: 515-235-5000 F: 515-288-6713
- ☐ **Newton P:** 641-841-1400 F: 515-362-4147
- ☐ **Ottumwa** P: 641-682-5349 F: 515-246-4474

Please select all applicable from the following:

- ☐ **Risk Assessment**
- ☐ **Peri-op/Peri-Proc/MRI Cardiac Device Management Recommendations.**
  - **Fax Recommendations to:_____**
- ☐ **Request to re-establish Care** (previous Iowa Heart Center patient)
- ☐ **Request for initial evaluation (new patient) & select services requested:**
  - ☐ Cardiology
  - ☐ Cardiothoracic Surgery
  - ☐ Congenital Heart
  - ☐ Heart Failure
    - ☐ Amyloid
    - ☐ Cardio-onoclogy
  - ☐ Heart Rhythm Center
  - ☐ Peripheral Vascular/Vein
  - ☐ Prevention and Wellness
    - ☐ Coronary Calcification
    - ☐ Lipid Management

Complete the following for planned surgical procedures:
Date of surgery: _____Facility location/Name: _____

If unscheduled, select priority: <1 Month 1-3 Months 4-6 Months

Reason for risk assessment: _____

Diagnosis for surgery: _____

Surgery/procedure (no abbreviations): _____

Type of anesthetic: _____

Surgeon: _____Surgeon contact number: _____

Surgical Complexity (Circle One): Low/ Mod/ High

Procedural Bleeding Risk (Circle One): Low/ Mod/ High

Medications requested to be held: _____

Additional information/questions: _____

_____

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