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Phone: 919-363-6060  
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<input type="checkbox"/> New Patient	<input type="checkbox"/> Existing Patient / CHART # _____	<input type="checkbox"/> Male or <input type="checkbox"/> Female	Contact Number(s):
Name: _____			Home: (____) _____
Address: _____			Cell: (____) _____
City _____	State _____	Zip: _____	Work: (____) _____
Date of Birth: ____/____/____	Social Security # _____		

**Insurance Information: \* Must have a copy of insurance card (front & back side) attached in order to schedule an appointment. You do not need to complete this section if the card is attached.**

1. PRIMARY INSURANCE Carrier:	Policy #	Group #	PROVIDER Phone (ON REVERSE SIDE OF CARD)
Primary Policy Holder: (Only if different)	Patient's Relationship to subscriber: __Self __ Spouse __ Other: _____	Primary Subscriber's DOB:	Primary Subscriber's SSN#
2. SECONDARY INSURANCE Carrier:	Policy #	Group #	PROVIDER Phone (ON REVERSE SIDE OF CARD)
Primary Policy Holder: (Only if different)	Patient's Relationship to subscriber: __Self __ Spouse __ Other: _____	Primary Subscriber's DOB:	Primary Subscriber's SSN#

**PROCEDURES REQUESTED:** (Please check the following procedures to be performed with this Referral Request)  ROUTINE

**URGENT**

- Consultation/Office Visit
- Pre-Op Cardiac Clearance: Date of Surgery: \_\_\_\_\_ Type: \_\_\_\_\_ Surgeon: \_\_\_\_\_
- Echocardiogram/ECHO/Cardiac Ultrasound
- Carotid Ultrasound
- Leg Ultrasound to rule out clot (DVT)  Left  Right (or)  Both
- ABI - Ankle Brachial Index
- Stress Test with Nuclear Imaging:  Exercise Nuclear (walking) or  Pharmacological Nuclear (non-walking)
- ECHO Stress Test (Exercise Treadmill with ultrasound images)
- Only Treadmill Stress Test (Exercise Treadmill without nuclear or ultrasound images)
- Holter Monitor:  (24 hours)  (48 hours)

**REQUIRED INFORMATION:**

\*\* Please FAX most recent EKG, H&P, Labs and Insurance Cards (FRONT & BACK) for PRECERTIFICATION purpose.  
\*\* Please have patient bring all their medications at the time of appointment for the test.

Diagnosis for the procedure: \_\_\_\_\_

Other pertinent history: \_\_\_\_\_

Referring Physician's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Signature of ordering Physician: \_\_\_\_\_ NPI# \_\_\_\_\_ Date: \_\_\_\_\_

**FAX REFERRAL REQUEST TO: (919) 363-6040**

Once we have received your referral, Peak Cardiology will then contact & schedule your patient

## New Patient Driving Directions

Patient Name: \_\_\_\_\_

**Peak Cardiology will contact you within 48 hours of receiving your referral. If for any reason you do not hear from us, please contact us at 919-363-6060 to schedule your appointment.**

*If you are unable to keep your scheduled appointment, kindly give Peak Cardiology 24-48 hour cancellation notice, so that the appointment time can be offered to another patient.*

We are pleased to welcome you as a new patient at Peak Cardiology. Our staff is dedicated to giving you quality heart care with compassion.

If you have access to the internet, we invite you to visit [www.peakcardiology.com](http://www.peakcardiology.com) to learn more about our practices.

### Things to Remember:

- Bring all current Medical Insurance Cards and Photo ID (such as Driver's License).
- Bring all medications you are presently taking including prescription bottles.
- Bring medical records or have them forwarded by your doctor(s).
- ARRIVE 30 minutes PRIOR to your first appointment for New Patient Registration, as shown above.

Upon check in, your new chart will be prepared, and individual registration and insurance information will be entered into our system. If you have access to the internet, please go to [www.peakcardiology.com](http://www.peakcardiology.com) to **print the NEW PATIENT REGISTRATION FORMS**. You can then complete all pages at your convenience and bring them with you to your first appointment. If you do not have access to the internet, you can fill out our patient registration forms in our office on the day of your appointment.

**As a courtesy we will file your insurance for you, however if you have Co-pays or Deductibles, payment will be expected at the time of your appointment. We accept MasterCard, American Express, Visa, Check or Cash. The clinic accepts Medicare assignment and Medicaid in addition to most major medical insurance.**

### Driving Directions:

**1071 Pemberton Hill Road, Suite 102 Apex, NC 27502**

**From (Durham) Hwy 55 North:** Drive EAST on HWY 55, cross over US64. Go two traffic lights and turn LEFT onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the third left in the office complex to the forth building on the left to #1071.

### From (Fuquay/Holly Springs) Hwy 55 South:

Drive NORTH on HWY 55 through Apex on E. Williams Street (toward Beaver Creek Commons Shopping Center) After you pass Haddon Hall neighborhood (on right) turn RIGHT at traffic light onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the third left in the office complex to the forth building on the left to #1071

### From (Pittsboro) US64 West:

Drive EAST on US64 to Apex Exit/HWY 55 (W Williams St). Turn RIGHT at traffic light at exit ramp and move into far left hand lane. At the next traffic light, turn LEFT onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the third left in the office complex to the forth building on the left to #1071.

### From (Raleigh/Cary) US64 East:

Drive WEST on US64. Take HWY 55 Exit (Apex/Durham) At traffic light, turn LEFT onto Hwy 55 toward Apex. Move into far left hand lane. Go two traffic lights and take LEFT onto Pemberton Hill Road which is the entrance to Apex Professional Park. Once you have entered, take the third left in the office complex to the forth building on the left to #1071.

