



MINNEAPOLIS
HEART
INSTITUTE®



ABBOTT
NORTHWESTERN
HOSPITAL

Allina Hospitals & Clinics

FACSIMILE TRANSMITTAL SHEET

To: ANW Cardiovascular Lab Scheduling	From:
Fax: (612) 775-3112	Sender's Phone/Fax:
Patient Name:	DOB:
Allina MR# (if known):	Primary Phone #
Primary MD (PCP):	Secondary Phone #
Cardiologist:	
Allergies to Contrast Dye?	Latex?
Special Needs: Diabetic, On Coumadin®, Renal Insuff, Other:	

To schedule a patient for a cardiovascular procedure at Abbott Northwestern Hospital, we request that you obtain the following diagnostic test results and information. Please fax or scan into Excellian as soon as possible (24 hours before procedure).

Diagnostic Test/Information	Timeframe	Date Obtained	Scanned in Excellian (Y/N)	Faxed (Y/N)
Basic Metabolic Panel	Within 14 days of procedure			
CBC with Platelets	Within 14 days of procedure			
INR (if on Coumadin®)	Most recent			
Fasting Lipid Profile	Obtain if patient is fasting or send values if in last 30 days			
AST (SGOT) / ALT (SGPT)				
Signed "Authorization for Disclosure of Health Information"				
Please fax other recent available test results if <u>not</u> in the Allina System (e.g. ECG, Echo, Stress Test, Carotid U/S)				
Transcribed H&P, if available	30 days			
Previous Coronary Angio/Stent & By-pass Surgery?				
1. Date	Location:	City	State	Hospital
2. Date	Location:	City	State	Hospital
3. Date	Location:	City	State	Hospital
Notes:				