Lexington Heart Specialists, PSC
William H. Skinner, MD, FAAC

CONSULTATION REQUEST

Today's Date: _____

Patient _____ DOB _____

Working dx _____

Referring MD: _____

Phone: _____ FAX: _____

Urgency 48 hrs 5 days 14 days

FAX to: 859-278-0321

_____ **Demographic Sheet** _____ **EKG**
_____ **Office Note** _____ **Insurance Cards**

We must have insurance card copies to schedule an appointment.
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Request Received _____

Appointment time/date _____

Confirmed with pt _____

REF Office Notified _____

LHS Employee _____