

School of Medicine

Department of Medicine,
Division of Cardiology
Electrophysiology Section

Eric J. Rashba, MD, FACC, FHRS
Director

Ibrahim Almasry, MD, FACC

Saverio J. Barbera, MD

Roger Fan, MD

Sei Iwai, MD, FACC, FHRS

*Stephen C. Vlay, MD, FHRS, FACP,
FACC*

PATIENT REFERRAL FORM

The following patient was seen in the Emergency Room on _____

Please schedule a follow-up appointment within ___ 1 week ___ 2 weeks ___ 1 month

Medical reason (s) for follow-up:

PATIENT INFORMATION:

Name: _____ MRN: _____

DOB: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____

Requesting Physician _____ Date: _____

Primary Care Physician _____

Cardiologist _____

PATIENT INSTRUCTIONS:

Please call the above number for an appointment with Dr. _____ or
another electrophysiologist at the Stony Brook Cardiac Arrhythmia Service.

**PLEASE FAX THIS FORM TO 631-444-1054 WITH THE RECORDS FROM
THE EMERGENCY DEPARTMENT VISIT**