Referral for **Transcatheter Aortic Valve Replacement** (TAVR) at University of Washington Medical Center

UW Medicine
REGIONAL HEART CENTER

PATIENT INFORMATION

First Name	Last Name	DOB	MRN
Patient Phone	Alternate Contact	Phone	
Insurance	Group ID/ID#		

REFERRING INFORMATION

Referring Physician	Direct Phone	Fax/Email
Office Contact (RN, MA)	Direct Phone	Fax/Email

SPECIFIC REQUESTS

Indications TAVR	Requested UW Physician(s)

PATIENT RECORDS AND DIAGNOSTIC IMAGING STUDIES

Please fax or mail this completed form and the following records with reports images to the Patient Care Coordinator (PCC) at the number/address below. Diagnostic imaging studies are preferred in DICOM format on disc or via electronic transfer if available (ask the PCC for transfer instructions).

Performing studies with an *asterisk* and sending us records and images ASAP will expedite patient scheduling.

- Patient demographics sheet
- Copies of insurance card (front and back)
- Consultation note/history and physical from cardiologist and/or cardiac surgeon
- Prior relevant operative/procedure reports (e.g., cardiac surgery, prior PCI or BAV)
- Prior relevant consults (neurology, pulmonology, oncology, hematology, nephrology)
- Lab studies (CBC, CMP, TSH, BNP preferably within the last 30 days)*
- Transthoracic echocardiogram*
- Cardiac catheterization*
- Pulmonary function testing with DLCO*
- Carotid artery ultrasound*
- Prior CT and/or CT angiograms (not required)
- Prior transesophageal echocardiogram (not required)

REFERRAL PROCESS

- 24 hours: Patient called, records/images requested, insurance authorization initiated
- 10-14 days: Patient scheduled for evaluation at UWMC and case is reviewed by the multidisciplinary TAVR Heart Team
- Recommendations are reviewed with the referring physician. Patients deemed appropriate for TAVR or who enroll into the clinical trial are scheduled accordingly.

TAVR SPECIFIC EVALUATION

- Consultation with cardiac surgery and interventional cardiology
- TAVR-specific CT angiography of the chest/abdomen/pelvis

PLEASE COMPLETE:

Allergies or intolerance to contrast or iodine? **Y / N** ○ ○

History of pre-medication for contrast reaction? **Y / N** ○ ○

Specify: _____

Creatinine/eGFR and Date _____

TAVR REFERRAL CONTACT INFORMATION

For clinical triage and review:
Liz Perpetua, DNP ARNP
Co-Director, RHC Structural Heart Program
UW Medical Center
Phone (206) 661-2099
Fax (206) 598-7451
eperpetu@uw.edu

For referrals and general questions:
Emily Pickett
TAVR Patient Care Coordinator
UWMC, Box 356171, Seattle, WA 98195
Phone (206) 598-7117
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esm4@uw.edu

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