



Saint Mary's
A member of CHW

Risk Reduction Center / Anti-Coag Clinic
645 North Arlington Avenue, Suite 460
Reno, Nevada 89503-4548
(775) 770-7404 • Fax (775) 770-7474

PHYSICIAN ORDER FORM

ADDRESSOGRAPH

Patient Name: _____ Referring Provider (Print): _____

Patient Phone Number: _____ Referring Provider Phone: _____

Patient DOB: _____ Referring Provider Fax: _____

Diagnoses: _____

Primary Insurance (if available): _____

Secondary Insurance (if available): _____

Face Sheet Attached (Hospital Use)

<input type="checkbox"/> Comprehensive Atherosclerosis Risk Factor Modification Complete hypertension and lipid management, anti-platelet therapy, diabetes education and treatment (if indicated), lifestyle modification, and disease surveillance.	<input type="checkbox"/> Evaluate and Treat	<input type="checkbox"/> Evaluate and Recommendations
<input type="checkbox"/> Cholesterol Management Program Risk assessment based on National Cholesterol Education Program guidelines and treatment to LDL and non-HDL goals including combination therapy if necessary. Advanced lipid testing and hsCRP provided if indicated.	<input type="checkbox"/> Evaluate and Treat	<input type="checkbox"/> Evaluate and Recommendations
<input type="checkbox"/> Hypertension Management Program Aggressive Attainment of blood pressure goals. Work-up for secondary cause if necessary.	<input type="checkbox"/> Evaluate and Treat	<input type="checkbox"/> Evaluate and Recommendations
<input type="checkbox"/> Anticoagulation Clinic Point of Care INR testing and on-site immediate dosage adjustment.	<input type="checkbox"/> Please call Nurse Practitioner for instructions at 770-7404.	
<input type="checkbox"/> Diabetes Wellness Program Comprehensive diabetes education. Call: 770-3600; Fax: 770-6908	<input type="checkbox"/> Evaluate and Educate	
<input type="checkbox"/> Nutrition Evaluation and Management Visit with Registered Dietician.	<input type="checkbox"/> Evaluate and Educate	
<input type="checkbox"/> Exercise Therapy <input type="checkbox"/> Outpatient Cardiac Rehabilitation (post-MI, angina, or heart failure) <input type="checkbox"/> Referral to Saint Mary's Fitness Center for evaluation and to establish a fitness regimen. Usually not covered by insurance.	<input type="checkbox"/> Evaluate and Treat	
<input type="checkbox"/> Weight Management Program (Health Plans)	<input type="checkbox"/> Evaluate and Educate	
<input type="checkbox"/> Smoking Cessation Intervention Group classes (Health Plans) with or without a visit with RRC nurse practitioner to evaluate for medications.	<input type="checkbox"/> Classes only <input type="checkbox"/> Classes and visit with nurse practitioner	

A letter summarizing our evaluation and treatment plan will be sent to you and any other physicians you indicate after each encounter. We do not offer primary or acute care. Patients will be instructed to continue to see their referring physician for day-to-day management and any acute issues.

Signature Referring Physician _____ Date: _____ Time: _____