

Certificate Of Medical Necessity Referral

Patient Information

Patient Name:

Birthdate

Patient Phone:

Referring Provider

This section will ensure Medical Insurance Coverage

- ☐ Angina: Class III or IV
- ☐ AHA Angina Equivalency: II or IV (CVS)
- ☐ Shortness of Breath with Exertion
- ☐ Limitations with Activities of Daily Living
- ☐ Need Nitroglycerin PRN
- ☐ Fatigue
- ☐ Not Easily Amenable for Surgical Intervention/High Risk
- ☐ Patient is Unwilling to Undergo Invasive Procedure
- ☐ Diagnosed with Coronary Artery Disease (CAD, ASCVD)
- ☐ Obstructive Disease
- ☐ Non-Obstructive Disease (INOCA)
- ☐ Long COVID

Physician certifies that prescribed procedure is of Medical Necessity

Physician Signature:

Date of referral:

Please email this document to

PVS@premiervascularsolutions.com

Or FAX to: 888-888-8888