

CARDIOLOGY REFERRAL FORM

Patient: _____ DOB: _____ Insurance: _____
 Referring Physician: _____ Date & Time Scheduled: _____
 Reason for Referral: _____

PLEASE CALL 24 HOURS IN ADVANCE TO CANCEL AN APPOINTMENT

DOPPLER ULTRASOUND EXAMS

- Cardiac echo
- Carotid with intima media thickness measurement
- Lower extremity - arterial
- Lower extremity - venous
- Upper extremity - arterial
- Upper extremity - venous
- Abdominal aorta
- Renal artery

STRESS TESTING

(See instructions on back)

- Standard treadmill
- Exercise nuclear
- Pharmacologic stress nuclear (non-walking)
- Exercise echo

MISCELLANEOUS

- Consultation
- EKG with interpretation
- Holter monitor (24 hours)
- Event recorder (30 days)
- Pacemaker analysis
- Advanced lipid testing

PATIENT INSTRUCTIONS FOR NUCLEAR STRESS TESTING ONLY

1. Please wear comfortable clothing and walking or jogging shoes.
2. Bring all of your medications with you to your appointment.
3. Do not eat or drink anything after midnight the night prior to your appointment.
4. Absolutely **NO** coffee, decaf coffee, hot chocolate, regular chocolate (i.e., chocolate candy) or any other drinks that may contain caffeine. (If you have caffeine the day of your test, your test may have to be rescheduled.)
5. You may drink water the day of your test.
6. The test may take up to three hours total.

