Dartmouth-Hitchcock
HEART & VASCULAR CENTER

Phone: (603) 650-6152
Fax: (603) 650-6327

Cardiology Noninvasive Testing Request

Referring Provider Services

All Fields Are Required

Date of Referral_____ **Patient Name** _____

Referring Provider (print)_____ MRN (if available) _____

Provider Signature_____ DOB _____

Office phone/pager _____ Home phone_____

Office fax _____ Work phone_____

Clinic name _____ Address _____

Occasionally it is necessary due to technical or clinical reasons to change the type of imaging-based stress test. Please specify if this is not acceptable regarding tests 1-4: ❑ Please make no changes

STRESS TESTING: Diagnosis/Code: _____

1) Exercise Echo	❑ ASAP ❑ Next Available	ICD	❑ Yes ❑ No
2) Dobutamine Stress Echo	❑ ASAP ❑ Next Available	Pacemaker	❑ Yes ❑ No
3) Nuclear Stress Test	❑ ASAP ❑ Next Available	Diabetes	❑ Yes ❑ No
4) Nuclear Stress Pharmacologic	❑ ASAP ❑ Next Available	Beta Blocker	❑ Yes ❑ No
		If Yes:	
		Continue on Meds	❑
		Hold for 24 hours	❑
Treadmill Stress Test	❑ ASAP ❑ Next Available	Hold for 48 hours	❑

❑ 30-Day Monitoring _____

❑ 7-14 Day ZIO Patch _____

❑ EKG _____

Holter: ❑ 24 Hr. ❑ 48 Hr.

Urgency: ❑ ASAP ❑ Next Available

Cardiac ICD/Pacemaker: ❑ Yes ❑ No

Diagnosis Code:_____

****To schedule these tests call (603) 650-5724**

Echo Studies

Diagnosis Code: _____

Transthoracic: ❑ ASAP ❑ Next Available

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Transesophageal: ❑ ASAP ❑ Next Available

TEE/3D TEE: ❑ Yes ❑ No

(If yes complete the following questions)

CT/Cardiology: _____

3D Indications: _____

MV Anatomy: _____

Atrial Septal Anatomy: _____

Difficulty Swallowing? ❑ Yes ❑ No

History of esophageal problems? ❑ Yes ❑ No

Is the patient able to consent? ❑ Yes ❑ No

****To schedule this test call (603) 650-6152**

NOTE: PLEASE SEND MOST RECENT OFFICE NOTE & MEDICATION LIST WHEN SCHEDULING THE ABOVE TESTS.