



Cardiology Non-Invasive Appointment Request Form

Read all Instructions Carefully before Completing Form.

Not all the below testing and appointment options can be directed to the same office. **Next** to the name (in bold) of each test category is listed the phone and fax number of the appropriate office. In the case of multiple test orders, please fill out as many options as apply and send to the office scheduling the **primary** test.

You must answer all questions and send a copy of the patient's most recent office note, EKG, and Echo Report (if applicable) with all referrals

Date of Referral _____ Patient Name _____
 Referring Provider (print) _____ Patient DOB _____
 Provider Signature _____ DHMC MRN _____
 Name of Referring Facility _____ Pt.'s Primary Phone # _____ Type _____
 Office Phone _____ Pt.'s Secondary Phone # _____ Type _____
 Office Fax _____ Pt.'s Mailing Address _____

CONSULTS

Office Visit Phone# (603) 650-5724 Fax# (603) 650-3829

Indication/Diagnosis Code _____

Cardiology Consult ASAP _____ Next Available _____

EKG MONITORING

Indication/Diagnosis Code _____

Does the patient have an ICD or Pacemaker? Yes _____ No _____ If yes, please specify _____

EKG and Short Term Monitors Phone# (603) 650-5724 Fax# (603) 650-3829

EKG/ECG ASAP _____ Next Available _____

Holter Monitor ASAP _____ Next Available _____ 24 Hours _____ 48 Hours _____

Zio Patch ASAP _____ Next Available _____

Long Term Monitors Phone# (603) 650-5866 Fax# (603) 650-6164

30 Day Monitor ASAP _____ Next Available _____

ECHOCARDIOGRAMS

Transthoracic Echocardiogram Phone# (603) 650-5724 Fax# (603) 650-3829

Indication/Diagnosis Code _____ Note: If patient is under 3 years of age, please call Pedi Cardiology at (603) 653-9888.

Transthoracic Echo ASAP _____ Next Available _____ Is a Bubble Study Requested? Yes _____ No _____ If yes, why? _____

Transesophageal Echocardiogram Phone# (603) 650-6152 Fax# (603) 650-6327

Indication/Diagnosis Code _____ Note: A recent Echocardiogram report must be sent with a TEE order.

Does the patient have difficulty swallowing or a history of esophageal/airway problems (OSA, COPD, etc.)? Yes _____ No _____ Specify _____

Is the patient's BMI over 40? Yes _____ No _____

Transesophageal Echo ASAP _____ Next Available _____

STRESS TESTING

Indication/Diagnosis Code _____

It may be necessary due to technical or clinical reasons to change the type of stress test. Please check if this is not acceptable. _____

Can the patient walk up 2 flights of stairs at a normal pace without stopping? Yes _____ No _____

Does the patient have an ICD? Yes _____ No _____ Does the patient have a LBBB? Yes _____ No _____ If yes, please consider a Regadenoson Stress.

Does the patient have a Pacemaker? Yes _____ No _____ Has the patient had an abnormal EKG? Yes _____ No _____

Does the patient have Diabetes? Yes _____ No _____

Does the patient take a Beta Blocker medication? Ex: Metoprolol, Atenolol, Propanolol, Carvedilol... Yes _____ No _____

If the patient is taking a Beta Blocker, should they hold it prior to the test? No Hold _____ 24 Hour Hold _____ 48 Hour Hold _____

Echo Lab Stress Testing Phone# (603) 650-6152 Fax# (603) 650-6327

Treadmill Stress Echocardiogram ASAP _____ Next Available _____

Dobutamine Stress Echocardiogram (non-exercise) ASAP _____ Next Available _____

Stress Test, Treadmill (EKG only, no imaging) ASAP _____ Next Available _____

Radiology Stress Testing Phone# (603) 650-5560 Fax# (603) 650-6353

Note: Radiology will not contact patients to schedule. Please inform patient that she/he will have to call to schedule directly.

Nuclear Treadmill Stress Test ASAP _____ Next Available _____

Nuclear Pharmacologic Stress Test (Regadenoson) ASAP _____ Next Available _____