



# 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 \_\_\_\_\_