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New Patient Referral and Diagnostic Test Order Form

Please complete and fax this form to (269)384-0273 when ordering tests.

Date: _____ Contact Person's Name _____

Requesting Physician: _____ Phone Number: _____

<u>PATIENT INFORMATION</u>			
Name	Birthdate	Social Security Number	
Address	City	State	Zip code
Phone Number	Alternate Phone Number	Patient's Weight	Male Female
Primary Insurance	Secondary Insurance	Authorization #	

If the patient's insurance requires and authorization, please obtain prior to visit.

<u>DIAGNOSTIC TESTS</u>	
Echocardiogram: ____ 2D Doppler (Standard Transthoracic Imaging) ____ Stress- Treadmill ____ Stress- Dobutamine	Diagnosis:
Resting MUGA:	Diagnosis:
Cardiolite Stress: ____ Treadmill-preferred if no contra-indication ____ Lexiscan-preferred if patient can't walk ____ Dobutamine-only if patient can't exercise or has lung disease	Diagnosis:
Graded Exercise Test (stress test):	Diagnosis:
Monitor: ____ Event (1-2-3-4 week) ____ Holter (24-48 hour)	Diagnosis:
EKG: ____ 12 Lead	Diagnosis:
Transesophageal Echocardiogram (TEE)	Diagnosis:
ABI: ____ ABI ____ ABI Stress	Diagnosis:

PHYSICIAN CONSULTATION

Please circle one: Consultation Surgical Clearance	Diagnosis:	
Please circle preferred physician, if any:		
Wunderly	Schonder	Keller
Reinoehl (EP)	Pawlik	Eliuk
Rogers	Williams	Pack

Fax this form to (269)384-0273
We cannot accept the referral without this form.