



Advanced Cardiac Healthcare, P.L.C.

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Douglas J. Wunderly, MD • Gilbert T. Olivares, MD • Joel H. Reinoehl, MD • Christopher Rogers, DO • John F. Schonder, MD
Michael S. Pawlik, DO • Robert A. Williams, DO • Thomas A. Keller, MD • Brett J. Eliuk, DO

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
Primary Insurance	Secondary Insurance	

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

<u>DIAGNOSTIC TESTS</u>	
Echocardiogram: ____ 2D Doppler ____ Treadmill Stress ____ Dobutamine Stress	Diagnosis:
Graded Exercise Test (stress test):	Diagnosis:
Cardiolite: ____ Treadmill ____ Adenosine ____ Dobutamine	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:

<u>PHYSICIAN CONSULTATION</u>		
Please circle preferred physician, if any:	Diagnosis:	
Wunderly	Rogers	Williams
Olivares	Schonder	Keller
Reinoehl (EP)	Pawlik	Eliuk

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We cannot accept the referral without this form.