

## Cardiac Evaluation Request

Phone: 972.566.5700

Fax: 972.566.5757

Please check the requested MD and service.

Date of Request: \_\_\_\_\_

Rick Snyder, M.D. ☐

Sadi Raza, M.D. ☐

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hm Ph: \_\_\_\_\_ Day Ph: \_\_\_\_\_ Consult only? ☐ Consult/testing? ☐

Referring MD: \_\_\_\_\_

Referring Phone: \_\_\_\_\_ Referring Fax: \_\_\_\_\_

Reason for testing or consult/diagnosis? \_\_\_\_\_

### Echo/Stress Testing:

- ☐ Resting Echocardiogram
- ☐ Treadmill Stress Echocardiogram
- ☐ Dobutamine Stress Echocardiogram
- ☐ Exercise Treadmill Test (ETT)

### Vascular Testing:

- ☐ Carotid Artery Duplex
- ☐ Lower Extremity **Arterial** Duplex
- ☐ Lower Extremity **Venous** Duplex
- ☐ Abdominal Aorta Duplex (AAA)
- ☐ Ankle Brachial Index (ABI)

### Nuclear Testing (Patient's Weight - \_\_\_\_\_):

- ☐ Nuclear Treadmill Perfusion Study (MPI)
- ☐ Lexiscan Nuclear Perfusion Study (MPI)
- ☐ Dobutamine Nuclear Perfusion Study (MPI)
- ☐ MUGA Study

### Arrhythmia Detection:

- ☐ Holter Monitor (24 hour)
- ☐ Event Monitor (30 day)
- ☐ Electrocardiogram (ECG/EKG)

**\*Our office will contact the patient and notify your office of the date and time of the appointment. Thank you for choosing HeartPlace for your cardiology needs.**