

Imaging Referral Fax Form

Patient _____ Date of Birth _____

Patient Contact Number _____ Today's Date _____

Referring Physician _____ Physician Phone _____

**Diagnostic
Cardiology**

- Echocardiogram
- MUGA Scan
- Holter Monitor
- 30Day Event Monitor
- T-Wave Alternans*

Stress Testing

- Treadmill Stress Test*
- Stress Echo*
- Stress Echo with Complete Echo*
- Nuclear Stress Test *

**Pharmacologic
Stress Agent**

- Adenosine
- Dobutamine

Arterial Studies

- Carotid Doppler
- Renal Doppler *
- Pulse Volume Recording (PVR)
- Ankle-Brachial Index (ABI)
- Lower Ext. Duplex
- AAA Screening*

Diagnosis/Comments:

* These tests require advanced patient prep.

Notice to Nuclear Stress Patients:

Please give 24 hours notice to reschedule or cancel this exam.
Each isotope dose is ordered specifically for the scheduled patient.

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