



Heart & Vascular

Order Date _____

Referring Physician _____

Referring Physician Phone _____

Referring Physician Fax _____

Referring Physician Signature _____

Patient Information – Please fill out completely

Patient's Name (Last, First)

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Patient's Date of Birth

Home Phone

Work/Cell Phone

Patient's Weight

Patient's Height

Address

City / State / Zip

Insurance

Insurance Authorization Identification Code (if needed)

Testing Information

Diagnosis / Reason for Testing: _____

Interpreter Needed: Yes No Language Needed _____

Consultation Only: Yes No Urgent Non-Urgent Test Only Test with Consult

Testing Desired: Urgent (0-48 hrs) Non-Urgent (>48 hrs) Does patient require a Hoyer/LIKO lift? Yes No

Echo Stress Echo Stress Echo Limited Dobutamine Stress Echo Dobutamine Stress Echo Limited GXT

Nuclear Stress Test: Exercise Chemical Other _____

Carotid Doppler Does patient have a known iliac stent? Yes No

Venous Duplex: Unilateral Bilateral Choose Extremity _____

Arterial Duplex Arterial Doppler

Ulcer/Wound Present: Yes No If yes, how long? _____ Does patient participate in wound clinic? Yes No

Recent PVI Testing: Yes No If yes, when? _____ **ABI Results:** Rt _____ Lt _____

Appointment Information

Appointment Date & Time

Cardiologist

Locations: Metro Health Hospital Greenville Allegan Holland

Caroline Angus, NP | Larry Diaz, MD | Chelsea Ellis, PA-C | Gunjan Gholkar, MD | Rony Gorges, MD | Barbara Karenko, DO
Paul J. Kovack, DO | J. A. Mustapha, MD | Courtney Rickstad, PA-C | Danielle Rush, NP | Fadi A. Saab, MD
Suprotim Samaddar, DO | Elizabeth Sayers, PA-C | Matthew W. Sevensma, DO | Eric T. Walchak, DO | Molly Wheeler, PA-C

9/17

