

OUTPATIENT REQUEST FORM CARDIAC SERVICES

CARDIAC MRI
ECHOCARDIOGRAM & HOLTER MONITORING
MYOCARDIAL EXAM
STRESS ECHO & CARDIAC EVENT MONITORING

Phone: (808) 485-4424
Phone: (808) 535-7000
Phone: (808) 485-4607
Phone: (808) 485-4210

Fax: (808) 485-3148
Fax: (808) 485-4214
Fax: (808) 485-3852
Fax: (808) 485-4214

APPOINTMENT DATE: _____

TIME: _____

Call Patient to Schedule Appointment

Fax Back Appointment Confirmation

PATIENT INFORMATION

Last Name First Name Date of Birth

Primary Phone Number Height Weight

Pregnant: Yes No Breastfeeding: Yes No Allergies: Yes No Asthma: Yes No

Pre-Cert/Auth #: _____ Not Required In Progress Completed

Insurance Company Pre-Cert/Auth # Effective Dates

ECHOCARDIOGRAM

- FULL
- LIMITED (follow-up)
- STRESS Echocardiogram
 - Treadmill
 - Pharmacologic

HEART MONITORING

- 24-Hour Holter Monitoring
- 48-Hour Holter Monitoring
- Cardiac Event Monitoring
(Zio XT Patch – 14 Day Monitoring)
- Cardiac MRI

MYOCARDIAL EXAMS

- Prep:**
- No Caffeine 24 hours prior to test
 - Nothing by mouth after midnight
 - If diabetic, please eat a small breakfast (toast, juice).
- Treadmill Only (No Scan)
 - NM Myocardial Perfusion Scan
(Select one of the following):
 - Treadmill
 - Dobutamine
 - Regadenoson (Lexiscan)

REASON FOR TEST:

REASON FOR THE TEST MUST BE GIVEN.

ICD codes AND diagnostic information must be provided for EACH test ordered.

Diagnosis / ICD Code(s)

PHYSICIAN INFORMATION

Physician's Signature

Date

Referring Physician's Name

Phone Number

PHONE RESULTS TO PHYSICIAN

CC Physician(s)