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 General & Interventional Cardiology

## Referral

PATIENT NAME	DOB	SSN
REFERRING PHYSICIAN	REFERRAL DATE	
SIGNATURE OF REFERRING PHYSICIAN (Signature Needed for Medicare Patients)		

- Cardiology Consultation or New Patient Visit    
  Evaluate and Treat

## Diagnostic Procedures

- EKG (with interpretation)  
 TREADMILL STRESS TEST  
 NUCLEAR PERFUSION     Please include patient's Ht: \_\_\_\_\_ Wt: \_\_\_\_\_
  - Exercise Nuclear Stress Test
  - Dobutamine Nuclear Stress Test (Patients with severe COPD)
  - Pharmacologic Nuclear Stress Test
  - MUGA Scan

**Please Indicate Ordering Diagnosis for Nuclear Testing**

- |                                |                              |
|--------------------------------|------------------------------|
| 786.50 Chest Pain, Unspecified | 786.51 Precordial Chest Pain |
| 794.31 Abnormal EKG            | 414.01 CAD                   |
| 786.05 Dyspnea                 | 427.31 Atrial Fibrillation   |
| 401.0 Hypertension             | 411.1 Unstable Angina        |
| Other _____                    |                              |

- |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 24-HOUR HOLTER MONITOR<br><input type="checkbox"/> 30-Day EVENT MONITOR<br><input type="checkbox"/> 2-DIMENSIONAL/ DOPPLER ECHOCARDIOGRAM<br><input type="checkbox"/> BUBBLE STUDY<br><input type="checkbox"/> STRESS ECHOCARDIOGRAM <ul style="list-style-type: none"> <li><input type="checkbox"/> Exercise Stress Echo</li> <li><input type="checkbox"/> Dobutamine Stress Echo</li> </ul> | <input type="checkbox"/> CAROTID DOPPLER:<br><input type="checkbox"/> LE Arterial Doppler<br><input type="checkbox"/> LE Venous Doppler<br><input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Abdominal Aortic US |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

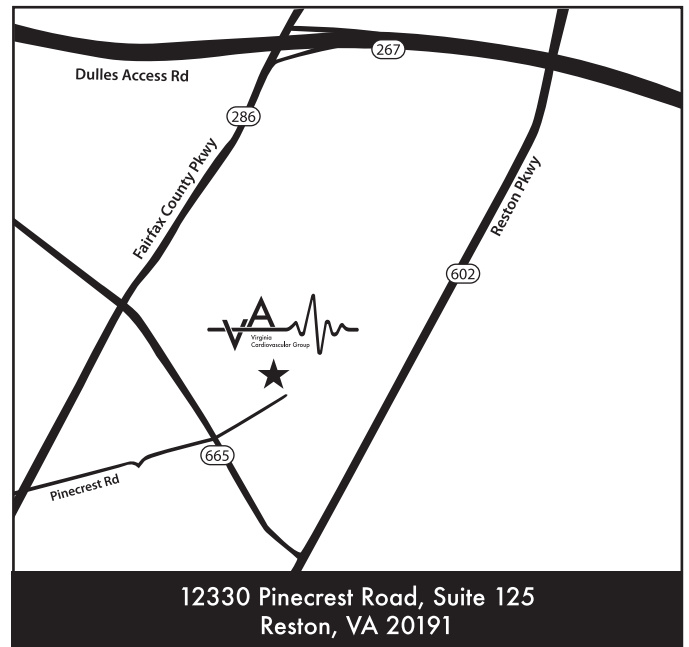
**Please Indicate Ordering Diagnosis for Echocardiogram / Stress Echocardiogram**

- |                              |                            |
|------------------------------|----------------------------|
| 785.2 Murmur                 | 395.0 Aortic Stenosis      |
| 394.1 Mitral Regurgitation   | 427.31 Atrial Fibrillation |
| 424.0 Mitral Valve Disorder  | 414.01 CAD                 |
| 414.8 Ischemic Heart Disease | Other _____                |

- |                                                                                                                                                                                                        |                                                                                                           |                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asymptomatic Carotid Bruit (R / L)<br><input type="checkbox"/> Known Carotid Stenosis<br><input type="checkbox"/> Claudication<br><input type="checkbox"/> Suspected Aneurysm | <input type="checkbox"/> Pain<br><input type="checkbox"/> Rest Pain<br><input type="checkbox"/> Known AAA | <input type="checkbox"/> Transient Ischemic Attack (TIA)<br><input type="checkbox"/> Edema, R/O DVT<br><input type="checkbox"/> Absent Pedal Pulses<br><input type="checkbox"/> Other _____ |
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## PATIENT INSTRUCTIONS

- Please arrive 15 minutes prior to your scheduled appointment time.
- Bring your insurance card and referral, if required by your insurance company.
- Please note that some insurance companies require pre-authorization prior to the test.
- Please bring all your medications and dosages, or a list of it.
- If you are unable to keep the appointment, 24 hour notification is appreciated.



## EXAM INSTRUCTIONS

- EKG** Please allow approximately 15 minutes for your EKG exam. Wear two-piece clothing.
- ECHO** Please allow approximately 30 minutes for your echo. Wear two-piece clothing. Do not wear any oils, powder or lotions on the chest area. (*Deodorant is allowed.*)
- EXERCISE STRESS TEST** Please allow approximately 1 hour for your stress test. Have nothing to eat or drink three hours prior to the appointment. Wear two-piece, loose-fitting clothes and comfortable walking shoes. Do Not take Beta-Blockers 24 hours before test.
- NUCLEAR STRESS TEST** Please allow approximately 3 - 4 hours for your test. Please do not drink caffeinated or decaffeinated coffee, tea, soda or chocolate 24 hours prior to your appointment. Caffeine-free sodas are permitted. In addition, have nothing to eat or drink four hours prior to the appointment, although you may bring a light snack to eat after the stress portion. Do Not take Beta-Blockers 24 hours before test. Please take the rest of your blood pressure medications (Atenolol, Metoprolol, Carvedilol, etc.).
- Wear two-piece, loose-fitting clothes and comfortable walking shoes. Women should wear a bra without underwire. Do not wear any oils, powder or lotions on the chest area. (*Deodorant is allowed.*)
- STRESS ECHO** Please allow approximately 1 hour for your test. Nothing to eat or drink three hours prior to the appointment. Wear two-piece, loose-fitting clothes and comfortable walking shoes. Do not wear any oils, powder or lotions on the chest area. (*Deodorant is allowed.*)
- 24-HOUR HOLTER MONITOR** Please allow 30 minutes for instructions and hook up. Patient will not be allowed to shower while wearing the monitor. Wear two-piece clothing, button-down preferred. The monitor is to be returned to the office the next business day.