CARDIAC SOLUTIONS

PHONE: 623.876.8816 | SCHEDULING FAX: 623.933.6739
SCHEDULING@CARDIACSOLUTIONS.NET
DIRECT MESSAGE:
CARDIACSOLUTIONS@157.DIRECT.MYEZ.ACCESS.COM

PLEASE FAX THE COMPLETED REQUEST FORM TO OUR OFFICE AND WE WILL CONTACT YOUR PATIENT TO SCHEDULE AN APPOINTMENT. FOR URGENT REQUESTS, PHONE OUR OFFICE. INFORM THE OPERATOR YOU ARE CALLING FROM A PHYSICIAN'S OFFICE TO SCHEDULE CARDIAC TESTING. YOU WILL THEN BE TRANSFERRED TO THE SCHEDULING DESK.

PATIENT INFORMATION

Patient Name _____ D.O.B. _____

Patient Phone _____ Insurance _____

Requesting Physician _____ (please print)

GENERAL CARDIOLOGY TESTING
PLEASE INDICATE APPROPRIATE DIAGNOSIS FOR EACH TEST

CARDIAC CONSULTATION

☐ New Patient Consult
Diagnosis: _____

☐ Surgical Clearance
Diagnosis: _____

ELECTROPHYSIOLOGY CONSULTATION

☐ New Patient Consult
Diagnosis: _____

☐ Atrial Fibrillation Ablation Consult
Diagnosis: _____

STRUCTURAL HEART CONSULTATION

☐ TAVR
Diagnosis: _____

☐ Mitral Clip
Diagnosis: _____

☐ PFO
Diagnosis: _____

☐ Watchman
Diagnosis: _____

VENOUS INSUFFICIENCY CONSULTATION

☐ New Patient Consult
Diagnosis: _____

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GENERAL CARDIOLOGY TESTING
PLEASE INDICATE APPROPRIATE DIAGNOSIS FOR EACH TEST

ULTRASOUND TESTING

☐ Echocardiogram
Diagnosis: _____

☐ Abdominal Aorta (must be fast 4 hours prior)
Diagnosis: _____

☐ Carotid Doppler
Diagnosis: _____

☐ Venous Doppler ☐ Bilateral ☐ Left OR ☐ Right
Diagnosis: _____

☐ Arterial Doppler ☐ Bilateral ☐ Left OR ☐ Right
Diagnosis: _____

NUCLEAR TESTING

☐ Nuclear Stress Test ☐ Chemical Stress Test Diagnosis: _____

Patient Weight (required for scheduling) _____

Please Note: 300 lbs table limit. Must be able to self-assist onto a raised table.

CARDIOLOGY TESTING

☐ Regular Treadmill Stress Test
Diagnosis: _____

☐ 24-Hour Holter Monitor
Diagnosis: _____

☐ Resting EKG
Diagnosis: _____

☐ Event Recorder ☐ 10 Day ☐ 30 Day
Diagnosis: _____

CLINICAL PROGRAMS:

☐ Heart Failure Program (HF Clinic)
☐ Anticoagulation Management Program
☐ DOAC-Direct Oral Anticoagulation Management
☐ Arrhythmia Management Program (MULTAQ, TIKOSYN, Amiodarone)
☐ Pharmacist Clinic
☐ Smoking Cessation Clinic