Patient's Last Name	First Name		edical	Record #	DOB	Sex Male Female	
Primary Telephone (Day)	Alternate Phone	He	ight	Weight	Allergies		
Physician Name Reading Physician (if applicable)		Da	Date Office Number Office Fax Number				
Clinical indication for studies/diagnosis:		Ph	Physician's Signature				
Call patient Fax report Include CD with images			STAT/Medical Emergency (Call Location)				
ECHOCARDIOGRAM							
□ Transthoracic Echo 2D complete with M-Mode and Doppler □ Transthoracic Echo F/U Limited □ with saline contrast □ Image Enhancing Agent			Transesophageal Echo (TEE)				
 Dysynchrony study (pre BI-V Pacemaker) AV Optimization (post BI-V Pacemaker) 			Stress Echo: Or Stress Echo Doppler: Dobutamine Bike Treadmill Image Enhancing Agent				
NUCLEAR CARDIOLOGY				EKG/TREADMILL/HOLTER/PACEMAKER			
 Myocardial Perfusion With Treadmill Exercise Myocardial Perfusion With Pharmacologic Stress: (Please Specify Stress Agent) 			 EKG (Electrocardiogram) Stress Test (Treadmill) Bruce (Submax) Holter Monitor: 24 Hours 48 Hours 				
□ Adenosine □ Lexiscan □ Dobutamine			Pacemaker Analysis - Dual				
Thallium Viability			□ Pacemaker Analysis - Single				
Cardiac Gated Blood Pool (MUGA)			☐ Icd Evaluation - Single				
Cardiac Blood Pool (MUGA)			I Icd Evaluation - Dual				
Cardiac Amyloidosis (PYP Study)			I Event Recorder Hook Up & Disconnect				
PEDIATRIC EXAMS			Event Recorder Analysis				
□ KG (Electrocardiogram)			Tilt Table StudyPulse				
Stress Test (Treadmill) Bruce (Submax)			Oximetry				
Transesophageal Echo (TEE)							
 Transthoracic Echo 2D complete with M-Mode and Doppler Transthoracic Echo Flu Limited with saline contrast 							
OTHER EXAMS REQUESTED							
			I				

MEMORIAL HERMANN

Non-Invasive Cardiovascular Referral Order

