



## 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)

( )

( )

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 | Eugene H. Chung, MD | Greta Darvill, NP | Larry Diaz, MD | Chelsea Ellis, PA-C  
Gunjan Gholkar, MD | Rony Gorges, MD | Barbara Karenko, DO | Jagadish Khanagavi, MD  
Paul J. Kovack, DO | Jennifer Reidsma, PA-C | Courtney Rickstad, PA-C | Danielle Rush, NP  
Suprotim Samaddar, DO | Matthew W. Sevensma, DO | Michael Sumners, DO | Eric T. Walchak, DO

