

Coastal Carolina Cardiology, P.A.

NUCLEAR STRESS TEST REFERRAL FORM (PLEASE COMPLETE AND FAX TO 758-3211)

PATIENT: _____ DOB: _____
PT WEIGHT _____ REFERRING PHYSICIAN: _____
PHONE#: _____
FAX# _____

STUDY TYPE: EXERCISE ADENOSINE DOBUTAMINE
 DIPYRIDAMOLE DIP/EXERCISE LEXISCAN

DIAGNOSIS: (PLEASE CHECK AT LEAST ONE)

- | | |
|--|---|
| <input type="checkbox"/> AORTIC VALVE DISORDERS | <input type="checkbox"/> MITRAL VALVE DISORDERS |
| <input type="checkbox"/> AORTIC VALVE REPLACEMENT | <input type="checkbox"/> MITRAL VALVE REPLACEMENT |
| <input type="checkbox"/> ATRIAL FIBRILLATION | <input type="checkbox"/> MYOCARDIAL INFARCT |
| <input type="checkbox"/> CARDIAC ARREST | <input type="checkbox"/> ORTHOPNEA |
| <input type="checkbox"/> CARDIOMEGALY / LVH | <input type="checkbox"/> PERICARDITIS |
| <input type="checkbox"/> CARDIOMYOPATHY | <input type="checkbox"/> PULMONARY EDEMA |
| <input type="checkbox"/> CHEST PAIN | <input type="checkbox"/> PULMONARY HYPERTENSION |
| <input type="checkbox"/> CONGENITAL HEART DISEASE | <input type="checkbox"/> PULMONARY EMBOLUS |
| <input type="checkbox"/> CONGESTIVE HEART FAILURE | <input type="checkbox"/> RHEUMATIC HEART DISEASE |
| <input type="checkbox"/> CORONARY ARTERY DISEASE | <input type="checkbox"/> SHOCK |
| <input type="checkbox"/> CVA / STROKE | <input type="checkbox"/> SHORTNESS OF BREATH |
| <input type="checkbox"/> AORTIC DISSECTION | <input type="checkbox"/> SUPRAVENTRICULAR TACHYCARDIA |
| <input type="checkbox"/> ENDOCARDITIS | <input type="checkbox"/> SYNCOPE |
| <input type="checkbox"/> FEVER | <input type="checkbox"/> TRANSIENT ISCHEMIC ATTACK |
| <input type="checkbox"/> HEART MURMUR | <input type="checkbox"/> TRICUSPID VALVE DISORDER |
| <input type="checkbox"/> MALFUNCTIONING PROSTHETIC VALVE | <input type="checkbox"/> VENTRICULAR TACHYCARDIA |

ADDITIONAL DIAGNOSES: (STRESS ECHO ONLY)

ABNORMAL ECG ARRHYTHMIA PRE-OP CARDIOVASCULAR
EVALUATION

PATIENT INSURANCE COVERAGE: _____
POLICY ID NUMBER _____ GROUP NUMBER _____
PRECERTIFICATION NUMBER _____ EXP DATE _____

CONTACT/COMMENTS:
