

San Diego County Cardiology

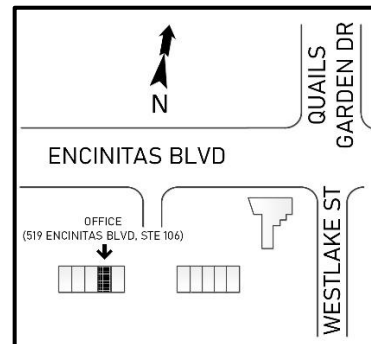
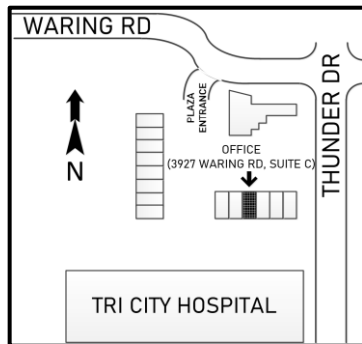
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Fax: 619-703-7221



Cardiovascular Referral Order Form

Patient Name _____ Date of Birth _____

Patient Phone _____ Diagnostic Code _____

Requested Services

☐ Cardiology Consultation

☐ Cardiac Monitor

☐ 24 Hour Monitor

☐ 14 Day Monitor

☐ 48 Hour Monitor

☐ 30 Day Monitor

☐ 5-7 Day Monitor

☐ 3-5 Year Monitor (Implantable Loop Recorder)

☐ Diagnostic Examination

☐ US, Echocardiogram

☐ US, Duplex, Carotid Artery

☐ ECG (Electrocardiogram)

☐ US, Duplex, Abdominal Aorta

☐ Exercise Treadmill Test

☐ US, Duplex, Arterial, Upper Extremity

☐ Exercise Stress Echocardiogram

☐ US, Duplex, Venous, Upper Extremity

☐ Treadmill Nuclear Stress Test

☐ US, Duplex, Arterial, Lower Extremity with ABI

☐ Lexiscan Cardiolite Stress Test

☐ US, Duplex, Venous, Lower Extremity

Referring Provider _____ Signature _____

Referring Phone _____ Date _____

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- Cardiology Consultation, Cardiac Monitor, Echocardiogram, ECG, Exercise Treadmill, Exercise Stress Echocardiogram, and all Ultrasound Duplex tests can be available same day.
 - Please fax this order form to us at 619-703-7221. Our office will obtain prior authorization for the tests, if required.
 - Your office will be notified of the test results.

Thank you for the opportunity to assist in the care of your patient.