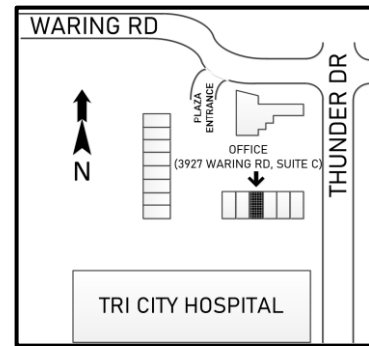


PARGOL SAMANI, MD, FACC

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Oceanside, CA 92056
Phone: 619-703-7220
Fax: 619-703-7221
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Cardiovascular Referral Order Form

Patient Name _____ Date of Birth _____

Patient Phone _____ Diagnostic Code _____

Requested Services

- Cardiology Consultation
- Cardiac Monitor
 - 24 Hour Monitor
 - 48 Hour Monitor
 - 5-7 Day Monitor
 - 14 Day Monitor
 - 30 Day Monitor
 - 3 Year Monitor (Implantable Loop Recorder)
- Diagnostic Examination
 - US, Echocardiogram
 - ECG (Electrocardiogram)
 - Exercise Treadmill Test
 - Exercise Stress Echocardiogram
 - Treadmill Nuclear Stress Test
 - Lexiscan Cardiolite Stress Test
 - US, Duplex, Carotid Artery
 - US, Duplex, Abdominal Aorta
 - US, Duplex, Renal Artery
 - US, Duplex, Arterial, Upper Extremity
 - US, Duplex, Venous, Upper Extremity
 - US, Duplex, Arterial, Lower Extremity with ABI
 - US, Duplex, Venous, Lower Extremity

Referring Provider _____ Signature _____

Referring Phone _____ Date _____

-
- 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.