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East Jefferson General Hospital Cardiology Outpatient Orders

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Place
Patient Label
In Box

PHYSICIAN OFFICE STAFF INSTRUCTIONS:

Please Fax these **COMPLETED** orders to (504)456-8048

Scheduling staff will contact the patient to schedule the appropriate test and return the form by fax to your office with the date and time of the test

(If you would prefer to schedule by the phone call (504) 454-4164)

PATIENT INFORMATION PLEASE PRINT			Today's Date:
Last Name	First	Middle/Maiden	Insurance Company (PLEASE INCLUDE COPY OF INSURANCE CARD)
			Authorization Number:
Street Address:			Physician Name PLEASE PRINT
City State Zip			Physician's Signature (Required)
Date of Birth	Sex	Social Security	ICD-10 Diagnosis Codes (Required)
Home Phone		Work Phone	To be ready by:
Please check off Preferred Location: EJGH Main Campus <input type="checkbox"/> MOB1 Card Testing Area Suite 500 <input type="checkbox"/>			

If unspecified or test unavailable at MOB location testing will be scheduled at the main campus

CARDIOLOGY TEST

CHECK TEST TO BE COMPLETED BY CARDIOLOGY

EXERCISE/TREADMILL STRESS TEST

- Routine Stress Test
 Cardiolute Stress Test (or equivalent isotope)

PHARMACOLOGICAL STRESS TEST (with Cardiolute, Myoview or equivalent isotope)

- Dipyridamole (aka dipy or persantine) WITHOUT exercise
 Dipyridamole (aka dipy or persantine) WITH exercise (Modified Bruce)
 Dobutamine
 Adenosine
 Lexiscan

STRESS ECHOCARDIOGRAM

- Stress Echocardiogram
 Dobutamine Stress Echocardiogram

According to hospital policy, all stress test will follow Bruce Protocol. To change protocol check the specific protocol for your patient

- Bruce Modified Bruce Arm Ergometer Cycle Ergometer
 Other Stress Test, please specify: _____

EKG's

(Do not have to be scheduled in advance)

- Routine EKG
 Signal Averaged EKG

ECHOCARDIOGRAMS

- Echocardiogram
 with Cardiac Doppler

Monitors

- 24 Hour Holter Monitor
 Looping Event Monitor
 Non-looping Event Monitor
 Telephonic Pacemaker Check (TPA)
 Other Cardiology Test, please specify

SCHEDULE BY FAX:

OFFICE FAX NUMBER:

Patient Contacted and Scheduled for:

Attempted to contact the patient at the following dates and times and have been unable to schedule. Please contact the patient and have them call our office to schedule their test. Thank you

1st attempt _____ 2nd attempt _____ 3rd attempt _____

Rev 11/08, 3/09, 8/09, 12/10, 10/15, 4/16



Place STAT barcode sticker
HERE