

Patient Name: \_\_\_\_\_ Appt. Date/Time: \_\_\_/\_\_\_/\_\_\_ : \_\_\_  Jacobs  Dugan  Preis  Menszer  Snyder  Kelley

DOB: \_\_\_\_\_ MR# \_\_\_\_\_ Phone # \_\_\_\_\_

**East Jefferson Cardiology Consultants Outpatient Services Request/Order Form**

Schedule These Test(s) To Be Seen After Testing  Today  Yes  This Week  No **Diagnosis:** \_\_\_\_\_

Next Clinic Visit: \_\_\_/\_\_\_/\_\_\_  15min  20min  45 min  60 min  
Schedule These Test(s) for:  2 days prior  Day of appt  Other

**CARDIOLOGY (EKG)**

Routine EKG  
 Signal Avg. EKG

**(ECHO/HOLTERS)**

Echocardiogram  
 Cardiac Doppler  
 Stress Echocardiography  
 Dobutamine Stress Echo  
 24 hr. Monitor (Holter)  
 Amb. BP Monitor  
 Event Monitor  
 \_\_\_ Looping \_\_\_ Non-looping  
 Pacemaker Check

**(STRESS TEST)**

Treadmill (w/o Isotopes)  
 Myocardial Spect  
 Rest/Exercise w/ECG Gating Only  
 Other: \_\_\_\_\_

**EXERCISE PROTOCOL**

Bruce  Modified Bruce  
 Other: \_\_\_\_\_

**Pharmacological Stress**

Dipyridamole w/o Exercise  
 Dipyridamole w/ Exercise  
 Dobutamine  
 Adenoscan

**RADIOLOGY**

Chest-2-view PA/LA  
 Abdominal  
 Carotid Doppler  
 Non-Invasive Venous  
 Non-Invasive Arterial  
 Wall Motion

**REHAB**

Interview  
 Arm Ergometer  
 Cycle Ergometer  
 Rehab Treadmill

**LABORATORY**

Basic Metabolic Panel  
 Biotrak PT  
 Cardiac Profile  
 CBC (Coulter) (H & H)  
 CBC with Differential  
 Complete Metabolic Panel  
 CPK  
 Digoxin Level  
 Glu 2 hr. Post Glucola and FBS  
 Glucose  
 Lipid Profile (Chol, Trig, HDL)  
 Lipid w/ALT  
 Liver Profile  
 Lovastatin  
 Magnesium  
 Occult Blood  
 Partial Thromboplastin Time (PTT)  
 Platelet Count  
 Potassium  
 Pronestyl Level  
 PT  
 Quinidine Level  
 Sedimentation Rate (ESR)  
 Stool for OB  
 Thyroid Prof (T3, T4)  
 Troponin  
 TSH  
 Urinalysis  
 Urine Culture with Colony Count  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

**RESPIRATORY**

Pulmonary Function Test  
 With Bronchodilator

Arterial Blood Gases  
 DLCO

**NUTRITION**

**CARDIOLOGY (EKG)**

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 Signal Avg. EKG

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 Thyroid Prof (T3, T4)  
 Troponin  
 TSH  
 Urinalysis  
 Urine Culture with Colony Count  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

**RESPIRATORY**

Pulmonary Function Test  
 With Bronchodilator

Arterial Blood Gases  
 DLCO

**NUTRITION**

**Scheduling Slip**

Add-On For Today  
 Admit  
 Clinic Consult  
 Other (Please Schedule)  
 Notify Patient  
 Patient Notified

Insurance Co: \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Nurse: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

