

Physician Order Form

Patient Name _____

Patient Telephone Number _____ DOB _____

Diagnosis _____

***Please circle valid diagnosis code for Thallium and Adenosine Scans:**

- R07.9 (Chest Pain) I25.10 (CAD)
- R94.31 (Abnormal EKG) I25.810 (CAD with Bypass)
- R94.39 (Abnormal Treadmill)

Appointment Date and Time _____

STRESS TESTING

- Exercise Stress (Treadmill) Test
- Exercise Stress Nuclear (Thallium) Scan*
- Adenosine Stress Nuclear (Thallium) Scan*
- Exercise Stress Echo
- Dobutamine Stress Echo

ECHOCARDIOGRAPHY

- Transthoracic Echo
- Transthoracic Echo with Bubble Study
- Transesophageal Echo

ARRHYTHMIA MONITORING

- ECG
- Holter Monitor
- Event Monitor
- Tilt Table

Referring Physician _____

Physician Signature _____ Date _____

Immediate Telephone Report Required Yes No

Please fax with this form, a copy of insurance cards (front & back), referral if necessary & preauthorization if necessary to 404-939-9209



1100 Johnson Ferry Road, Suite 450, Bldg 2, Atlanta, GA 30342

Telephone 440-939-9200

Facsimile 404-939-9209