

# 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

# Complete Cardiology, P.C.

Steven J. Eisenberg, M.D.

5671 Peachtree Dunwoody Road, Suite 630 • Atlanta, Georgia 30342  
Telephone (404) 939-9200 • Facsimile (404) 939-9209

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