



SCHEDULING ORDER



214-841-2000
800-841-0422

FAX: 214-821-4774

DATE: _____ TIME: _____ www.heartplacebaylor.com

Please fill out completely to expedite your patient referral to HeartPlace. When faxing request, PLEASE send most recent office notes, lab, EKG(s), tests and copy of most recent insurance card. HeartPlace will contact your patient to schedule the visit. We will fax a confirmation of the appointment time to your office. **STANDARD** (next available appointment) **URGENT** (within 1-2 days)

PATIENT INFORMATION:		<input type="checkbox"/> NEW PATIENT	<input type="checkbox"/> ESTABLISHED PATIENT
NAME: _____			
ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
HOME PH: _____		WORK PH: _____	CELL PH: _____
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____		SSN: _____
PRIMARY INSURANCE: _____		SECONDARY INSURANCE: _____	
INSURANCE #: _____		INSURANCE #: _____	
INSURED ID#: _____		INSURED ID#: _____	
GROUP#: _____		GROUP#: _____	
REFERRAL AUTHORIZATION: _____		REFERRAL COORDINATOR NAME: _____	

PHYSICIAN INFORMATION:	
NAME: _____	CONTACT PERSON: _____
ADDRESS: _____	
OFFICE PH: _____	FAX: _____

DIAGNOSIS: _____

PHYSICIAN'S SIGNATURE: _____

PROCEDURE INFORMATION: Please check requested procedure(s)

Consultation

- General Cardiology
- Electrophysiology
- Interventionalist
- Congestive Heart Failure
- Cardiothoracic Surgery
- Peripheral Vascular Disease
- Specific Dr. _____
- Varicose Vein

Echocardiography

- 2D, Doppler Echocardiography
- TEE (Hospital Only)

Stress Testing

- Treadmill Stress Test
- Stress Echocardiography
- Pharmacologic Stress Echocardiography
- Metabolic Stress Test

Nuclear Cardiology*

- *Patient Weight Required: _____ lbs.
- Rest/Exercise SPECT Thallium
- Adenosine SPECT Thallium
- Dobutamine SPECT Thallium
- MUGA Scan

Arrhythmia Detection

- EKG
- Holter Monitor (24 hr)
- Event Monitor
- Signal Averaged ECG
- Pacemaker/Defibrillator Analysis

Vascular Studies

Lower Extremity:

- Arterial Segmental Pressure (ABI)
- Arterial Duplex Scan
- Venous Duplex/Doppler
- Arterial Exercise Study (ABI)
- Varicose Vein Study
- Cerebrovascular:**
- Carotid Sono/Doppler
- Aorta Duplex Imaging

Upper Extremity:

- Arterial Segmental Pressure
- Allens Test
- Arterial Suplex Scan
- Venous Duplex/Doppler
- Evaluation for Thoracic Outlet Syn
- Abdominal:**
- Renal Artery Duplex/Doppler

(Office Use Only)
Patient scheduled for: Date: _____ Time: _____ Confirmation Faxed to Referring Physician: Date: _____ Initials: _____