



Cardiac Evaluation Request

Please circle the requested MD and service.

Date of Request: _____

Rick Snyder, M.D.

Marc Pieniek, M.D.

Is this request for a consult only or does the patient also require specific testing? Reason for testing or consult/ diagnosis? _____

Echocardiography Non Invasive Stress Testing

Rest Echo

Treadmill Stress EKG (ETT) TEE

Treadmill Stress Echo

Dobutamine Stress Echo

Arrhythmia Detection

Treadmill Stress Thallium EKG Adenosine Stress Thallium Holter Monitor (24 hour)

Dobutamine Stress Thallium Event Monitor (30 Day)

Patient Name: _____

Date of Birth: _____

Home Ph#: _____ **Daytime Ph#:** _____

Referring MD: _____

Referring MD Ph# _____ **Fax#** _____

***Our office will contact the patient and notify your office of the date and time of the appointment. Thank you for choosing HeartPlace for your cardiology needs.**

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