



PO7070



**NONINVASIVE CARDIAC SERVICES
ECHO, EKG, HEART MONITOR AND
STRESS TESTING ORDER**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Page 1 of 2

Patient Identification

Date: _____

Patient Name: _____ Date of Birth: _____ Gender: _____

Patient Phone: _____ **Patient must call to schedule**

PLEASE ATTACH DEMOGRAPHICS, MEDICATION AND ALLERGIES LIST

Insurance Authorization Number: _____ Must be included for scheduling

This Is the Responsibility of the Ordering Provider's Office

Provider: (PRINT) _____ Phone: _____

Fax: _____

Authorizing Provider's Signature: _____

Scheduling preference: ☐ Urgent (1-3 days) ☐ 1-2 weeks ☐ w/in 1 month ☐ w/in 3 months
☐ other _____

| EXAM | ORDER QUESTIONS |
|---|--|
| TRANSTHORACIC ECHOCARDIOGRAM <input type="checkbox"/> Standard TTE <input type="checkbox"/> Limited or Follow up TTE Consider for the following indications: <input type="checkbox"/> LV/RV function with IVC assessment only <input type="checkbox"/> Pericardial effusion assessment only <input type="checkbox"/> Pulmonary embolism and RV function only | Associated Diagnosis _____ ICD10 _____ Indication: <input type="checkbox"/> Chest Pain <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Palpitations <input type="checkbox"/> TIA <input type="checkbox"/> Stroke <input type="checkbox"/> Syncope <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Is an agitated saline contrast study required? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a contrast-enhanced study for quantitative LVEF required? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Myocardial Strain required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| STRESS ECHOCARDIOGRAM CAD or R/O Ischemia Stress Echo <input type="checkbox"/> Exercise Stress only <input type="checkbox"/> Exercise may convert to Dobutamine <input type="checkbox"/> Dobutamine stress only | Hold Beta Blocker for 24 hours prior to the test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Associated Diagnosis: _____ ICD10 _____ Indication: <input type="checkbox"/> Chest Pain <input type="checkbox"/> Shortness of breath/ Anginal equivalent <input type="checkbox"/> Possible ACS <input type="checkbox"/> Known CAD (surveillance > 2 years) |



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Page 2 of 2

| EXAM | ORDER QUESTIONS |
|--|--|
| HEMODYNAMIC STRESS ECHO <input type="checkbox"/> MR/MS/PHTN: Exercise Stress only <input type="checkbox"/> Low Dose Dobutamine AS severity: Low Dose Dobutamine Protocol <input type="checkbox"/> HCM Stress Echocardiogram | Evaluate for: <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Ischemia <input type="checkbox"/> Valve Disease Severity (Hemodynamic Stress only) <input type="checkbox"/> Pre-op Risk Stratification Other Instructions: _____ _____ |
| TREADMILL STRESS TEST (EKG only/ No imaging) <input type="checkbox"/> Treadmill Stress Test Evaluate for: <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Heart rate / BP response | Associated Diagnosis _____ ICD10 _____ Indication: <input type="checkbox"/> Chest Pain <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Palpitations <input type="checkbox"/> Fatigue <input type="checkbox"/> Syncope <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Dizziness <input type="checkbox"/> Other _____ <input type="checkbox"/> Hold Beta Blocker for 24 hours prior to test? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CPEX (Cardiopulmonary Exercise Stress Test) <input type="checkbox"/> Cardiopulmonary Exercise Stress Test | Associated Diagnosis _____ ICD10 _____ Indication: <input type="checkbox"/> Heart Failure <input type="checkbox"/> Adult Congenital Heart Disease <input type="checkbox"/> Low Exercise Capacity <input type="checkbox"/> Other _____ <input type="checkbox"/> ICD or Pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ <input type="checkbox"/> Other Instructions _____ |
| EKG & HEART MONITORS <input type="checkbox"/> EKG 12-Lead <input type="checkbox"/> Holter: 24hr _____ 48hr _____ <input type="checkbox"/> Event (30 Day) <input type="checkbox"/> Mobile Cardiac Tele (30 Day) <input type="checkbox"/> Mobile Telemetry (14 Day) <input type="checkbox"/> Zio Patch: 3-7 Day _____ 8-14 Day _____ | Associated Diagnosis _____ ICD10 _____ Indication: <input type="checkbox"/> Chest Pain <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Palpitations <input type="checkbox"/> Fatigue <input type="checkbox"/> Syncope <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Dizziness <input type="checkbox"/> Other _____ Other Instructions _____ |

**TRANSESOPHAGEL (TEE) ECHOCARDIOGRAMS AND NUCLEAR
STRESS TEST REQUIRE A DIFFERENT ORDER FORM**

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