



BAY AREA
HEART
Cardiovascular Centers of Excellence

IMAGING SERVICE

→ (ORDER FORM)

Rakesh Shah, M.D. B.T. | Turakhia, M.D. | Snehal Patel, M.D. | Jinesh Shah, M.D. | Francis Uricchio, M.D.

Leave Blank inside

SERVICE REQUISITION DATE: 10/10/2018

TIME: 11:00 AM SOLICITOR: [Signature]

PATIENT INFORMATION

FIRST NAME _____ MI
LAST NAME _____
DATE OF BIRTH _____
SEX _____ F / M

CONTACT INFORMATION

ADDRESS _____
CITY, ZIP CODE _____
HOME PHONE _____
MOBILE PHONE _____

MEDICAL INFORMATION

ICD 10 - ^{Narrative} ~~NARATIVE~~ DIAGNOSIS

- 1.
- 2.
- 3.

Physician
Prescriber Name: _____

Physician
Prescriber Signature: _____

INSURANCE INFORMATION

PRIMARY INSURANCE

SUBSCRIBERS NO. _____

AUTHORIZATION NO. _____

AUTHORIZATION REQUIRED: ☐ Y ☐ N

Fax Number: _____

STATUS ☐ YES ☐ NO

! READ FIRST: Please check any that apply and attach referral if available. The patient will be contacted for further instructions.

▶ ELECTROPHYSIOLOGY

Electrocardiograms (EKG) ☐
Holter monitor (specify number of days: 3-14) ☐
Implantable loop recorder placement ☐
Implantable loop recorder monitoring ☐
Pacemaker check ☐
Pacemaker monitoring ☐
Internal cardiac defibrillator (ICD) check ☐
Internal cardiac defibrillator (ICD) monitoring ☐

▶ CARDIAC STRESS TEST

Treadmill stress test ☐
Cardiolite stress test ☐
LEXISCAN stress test ☐
Stress test with echocardiogram ☐
Dobutamine stress test with echocardiogram ☐

▶ CARDIAC IMAGING

Echocardiogram ☐
Echocardiogram with bubble study ☐
Calcium score (Heart scan) ☐
Cardiac PET-CT ☐

▶ VASCULAR IMAGING

Carotid doppler ☐
Arterial doppler ☐
• Upper extremities ☐
• Lower extremities ☐
• Abdominal aorta ☐
• Renal arteries ☐
Venous doppler of the lower extremities (LE) ☐
Venous doppler of the LE with reflux study ☐
CI-MT - Carotid Intima-Media Thickness ☐

▶ ANTICOAGULATION

INR & PT ☐

▶ OTHER SPECIALIZED TESTING & THERAPIES

Autonomic nervous system (ANS) testing ☐
Enhanced external counter pulsation (EECP) ☐
CardioMEMS heart failure monitoring ☐
Cardiac imaging Home sleep study ☐

▶ OTHER UNLISTED PROCEDURES OR SPECIAL INSTRUCTIONS

In Black Ink
ADD



IMAGING SERVICE

OUR TEAM

Pic1

Rakesh Shah, MD

Pic2

B.T. Turakhia, MD

Pic3

Snehal Patel, MD

Pic4

Jinesh Shah, MD

Pic5

Francis Uricchio, MD

Pic6

Perri Winston,
MSN, APRN, AGNP-C

Pic7

Tammy Koelsch
MSN, ACNP-BC

Pic8

Shayla Brown
MSN, APRN, NP-C

Pic9

Merikay Campbell
RN

Pic10

Renee Witek
Practice Administrator

Equip
P.C

PHYSICIANS

~~Rakesh Shah, M.D. | B.T. Turakhia, M.D. | Snehal Patel, M.D. | Jinesh Shah, M.D. | Francis Uricchio, M.D.~~

NURSE PRACTITIONERS

~~Tammy Koelsch, MSN, ACNP-BC | Perri Winston, MSN, APRN, AGNP-C | Shayla Brown, MSN, APRN, NP-C~~


For appointments or more information on testing:

Bay Area Heart, PLLC

450 Blossom St. Ste. D,
Webster, TX 77598

832-905-5940

832-905-5940

 bayareaheart.com

↓ Fax is 832.905.5941 ↓

Please correct number