



IMAGING SERVICE

Service requisition

Date:

Time:

Solicitor:

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

Patient information

Last name First name MI

Date of birth

Sex

M

F

Contact information

Address

Home phone no.

Mobile phone no.

Medical information

ICD-10

Narrative diagnosis

1.-

2.-

3.-

Insurance information

Primary insurance

Suscribers no.

Authorization required?

Yes

No

Authorization no.

Prescriber's name

Signature

Fax no.

STAT

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

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

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

Anticoagulation

INR & PT

Other specialized testing and therapies

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

Other unlisted procedures or special instructions: