

PATIENT NAME: _____

PATIENT DOB: _____

PATIENT ADDRESS: _____

PROVIDER NAME (print): _____

PROVIDER SIGNATURE: _____

DIAGNOSIS (ICD 10): _____

DATE OF ORDER REQUEST(S): _____

- Consult, evaluate, and treat
- Holter (specify # of days): _____ 3-7 days (93241) _____ 8-14 days (93245)
- Remotely monitored telemetry (specify # of days): _____ 14-30 days (93228)
- Echo 2D (93306)
- Echo stress test (93351) – patient must be able to walk 6 minutes
- Exercise treadmill test (93015) – no imaging, patient must be able to walk 6 minutes
- Vascular ultrasound – performed within our office by Valley Ultrasound, complete additional referral form found on our website

ADDITIONAL INFO REQUIRED ONLY for echo stress test or exercise treadmill test patients

- 1) Most recent office notes and medication list.
- 2) Most recent EKG, if one has been done.
- 3) Is patient taking beta blockers or rate limiting calcium channel blockers?
_____ Yes _____ No
- 4) Does ordering provider want patient to hold rate limiting medication prior to testing?
Name of medication: _____
Hold for test? _____ Yes _____ No
How long? _____ 24 hours _____ 48 hours

Please send completed referral form to Heart Central via fax (509) 676-3415. All order requests must include complete patient demographics and current signed chart notes.