

Covenant Center for the Heart

Central Scheduling: 989.583.6279 • Cardiovascular Services: 989.583.7150 • Fax: 989.583.7151

OUTPATIENT CARDIAC DIAGNOSTICS PHYSICIAN REFERRAL

Please bring this order form and a picture ID with you to your appointment.

Patient's Name (REQUIRED)		DATE OF EXAM		TIME OF EXAM	
<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> am <input type="checkbox"/> pm	
D.O.B.	Allergies	REQUIRED: Appropriate Use Criteria/Clinical Decision Support (CDS) for all CT, MRI, Nuc Med, PET Exams			
Ordering Provider/Physician (NP/PA IDENTIFY SUPERVISING PHYSICIAN – REQUIRED)					
CDS Vendor	CDS Score	CDS ID#	CDS Adherence <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervising Physician (please print)		Pre-Authorization # for Imaging Exams			
Physician's Signature (REQUIRED)		Date (REQUIRED)	<input type="checkbox"/> STAT Report Fax/Phone		
STRESS TEST			ECHOCARDIOGRAM		
<input type="checkbox"/> Exercise (Treadmill)		<input type="checkbox"/> 2D			
<input type="checkbox"/> Myoview with Dobutamine		<input type="checkbox"/> 2D limited			
<input type="checkbox"/> Myoview with Persantine		<input type="checkbox"/> 2D with Contrast			
<input type="checkbox"/> Myoview with Lexiscan		<input type="checkbox"/> 2D with Bubble Study			
<input type="checkbox"/> Myoview with Exercise (Treadmill)					
<input type="checkbox"/> Stress Echo with Dobutamine					
<input type="checkbox"/> Stress Echo with Exercise (Treadmill)					
<input type="checkbox"/> Viability Study		<i>NOTE: Strain will be obtained with all echoes per protocol.</i>			
EKG		TEE TEST		TILT TABLE TEST	
<input type="checkbox"/> EKG		<input type="checkbox"/> TEE			
<input type="checkbox"/> Holter Monitor – 24 Hours		<input type="checkbox"/> 3D TEE			
<input type="checkbox"/> Holter Monitor – 48 Hours		<input type="checkbox"/> Structural Heart TEE			
<input type="checkbox"/> Zio Days		<input type="checkbox"/> Watchman		PULMONARY FUNCTION TEST	
		<input type="checkbox"/> TAVR			
		<input type="checkbox"/> TEE/Cardioversion			
		<input type="checkbox"/> Cardioversion			

