



Foothill Cardiology® Medical Group, Inc.

315 N. 3rd Ave. #207 ♦ Covina, Ca. 91723
Tel: 626-915-4700 ♦ Fax: 626-214-7814

Please attach copy of insurance card(s) so that we can obtain authorization or pre-certification if needed. We may need to call your office for further clinical information.

To schedule an appointment, call 626-254-0074

Patient Name: _____ Appointment Date ____/____/____ Time: _____

Exam Requested

ECHOCARDIOGRAMS

- 2D Echocardiogram
- Stress Echocardiogram

TREADMILL STRESS TEST

- Exercise Treadmill Stress Test

VASCULAR EXAMS

- Carotid Study
 - Unilateral Rt Lt
 - Bilateral
- Upper Extremity
 - Venous Arterial
- AAA – aortic ultrasound
- VNUS Reflux Study
- Lower Extremity
 - Venous Arterial
- ABI w/waveforms

ARRHYTHMIAS

- Routine ECG
- 24 Hour Holter Monitor
- Event Monitor
- Pacemaker Evaluation
- AICD Evaluation
- ILR Evaluation

CARDIAC NUCLEAR STRESS TESTS

Arcadia Location

(Note: Patients should be off beta blockers and calcium channel blockers one day prior and the day of test.)

- Treadmill Nuclear Perfusion Scan
(see special instructions on back of form)
- Adenosine Nuclear Perfusion Scan
(see special instructions on back of form)
- Lexiscan Nuclear Perfusion Scan
(see special instructions on back of form)
- Dobutamine Nuclear Perfusion Scan
(see special instructions on back of form)

OTHER RADIOLOGIC TESTS

- PET/CT
(see special instructions on back of form)
- Coronary Calcium Scan

Diagnosis

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Dyspnea | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Cardiomegaly | <input type="checkbox"/> MI – previous | <input type="checkbox"/> Post MI syndrome | <input type="checkbox"/> Varicose Veins w/ inflammation |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Orthopnea | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Claudication |
| | | <input type="checkbox"/> Syncope | <input type="checkbox"/> Bruit |

Symptoms/Clinical Impressions: _____

Patient Phone: _____ Date of Birth _____

To optimize stress test results and images, beta blockers should be held one day before and the day of the test.

Referring Physician: _____ Additional Report To: _____

Physician's Signature: _____ Date: _____

Physician Phone: _____ Physician Fax: _____

Special Instructions

Preparation for Stress Testing Procedures and Other Cardiac Exams

1. Please plan to arrive 15 minutes prior to your appointment time.
2. Please bring your insurance card(s) and a list of all medications with you to the exam.
3. Notify us as soon as possible if you need to cancel or change any existing appointments.

CARDIAC STRESS TEST

General: Wear comfortable clothing and good walking or running shoes for all cardiac stress tests. No sandals or heels. Please refrain from heavy meals two hours prior to test.

Medications: Take all medications unless instructed by your physician. Discontinue any medications indicated by your physician one day prior to test and day of test.

Test Time: Cardiac stress tests are approximately 30 minutes.

*NUCLEAR PERFUSION SCANS - TREADMILL, ADENOSINE/LEXISCAN & DOBUTAMINE

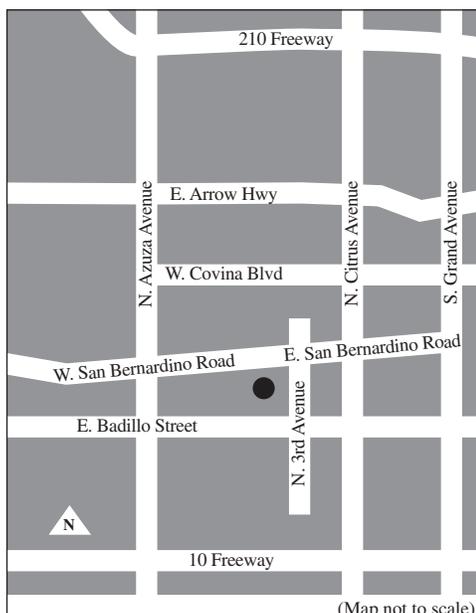
Diet: No solid food (fasting) 4 hours prior to exam. You may drink small amounts of water.
No caffeine (chocolate, tea, coffee, coca-cola, etc.) 24 hours prior to exam.
No alcohol or tobacco 24 hours prior to exam.

General: Wear comfortable clothing and good walking or running shoes. No sandals or heels.

Medications: ***Discontinue any medications as indicated by your physician one day prior to test and day of test.***

Test Time: Approximately 2 ½ - 3 hours.

Cancellation Notice: A special imaging agent will be ordered specifically for you the day prior to the test, therefore a 24 hour cancellation notice is required. You may be charged a fee of \$100 for failing to cancel within 24 hours of a scheduled Nuclear Exam.



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Medicare and some PPOs may not cover tests ordered by your physician. At registration, you may be asked to sign an ABN – Advance Beneficiary Notice and given options to pay for your test.