

Cardiovascular Testing and Treatment Referral Form

Scheduling: (425) 313-5220 • Fax (425) 313-5221

Patient name _____ Patient Phone: (____) _____ Date _____

Patient DOB _____ Attending Physician _____

Referring provider _____ Phone _____

Patient weight _____ (Required) weight limit is 380 lbs.

- Requested Cardiologist _____
- No preference

Provider's Office Staff: Kindly notify the scheduler if the patient you are referring will need interpretive services.

PROCEDURES - *Check the requested diagnostic services:*

- With cardiologist consult
- Diagnostic study and interpretation only

<p>Pre authorization/referral:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Required</p> <p>Authorization # _____</p> <p>*Premera/Lifewise participants must have an RQI number for any nuclear studies:</p> <p>RQI: _____</p>
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ECG SERVICES

- 12-lead ECG ECG0001
- Standard Treadmill without Imaging ECG0016
- 24-hour Holter Monitor ECG0007 & AMBP0487
- Looping Event Recorder
- ECAT
- 48-hour Holter Monitor ECG0008 & AMBP0487
- Non-Looping Event Recorder

ECHOCARDIOGRAPHY

- Standard echocardiogram RAD17224
- Stress-echocardiogram (uses treadmill) RAD17203
- Echocardiogram with bubble study evaluation (for PFO/ASD/VSD)

VASCULAR SERVICES

Please refer to detailed vascular form for ordering

NUCLEAR STUDIES (For patients weighing over 250 lbs a 2-day study will be performed)

- Exercise (treadmill) nuclear study RAD52013
- Pharmaceutical nuclear study RAD52014

*Not appropriate for patients with active asthma. Suitable for most patients with limited mobility.

CLINICAL SYMPTOMS/INDICATIONS: *If your office does not use EPIC EMR, please fax most recent history, EKG and medication list to 425-313-5221*

<p>Hold Beta Blocker 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Cardiovascular Testing and Treatment
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For a free physician referral:
 1-800-SWEDISH (1-800-793-3474)
 www.swedish.org