

CARDIOVASCULAR CONSULTANTS MEDICAL GROUP

Consultative and Interventional Cardiology

Cardiac Electrophysiology

A Partnership of Medical Corporations



Nuclear Stress Test Referral Form

Northridge Location: (818) 993-8283 Fax this form to: (818) 993-4919

Valencia Location: (661) 259-1534 Fax this form to: (661) 284-3670

Patient Name: _____ Phone: _____

Referring Physician: _____ Phone: _____ Fax: _____

- Cardiolute Treadmill Stress Test
- Pharmacologic Stress Test with Adenosine Pharmacologic Stress Test with Dobutamine
- Rest/Rest Thallium Test for myocardial viability
- MUGA Scan
- Other: _____

Ordering Physician Signature (required): _____

Clinical Impressions/Diagnosis: _____

Your test is scheduled on (Date): _____

Your test is scheduled at (Time): _____

- If patient is on beta-blockers, and these cannot be safely stopped for 48 hours prior to Cardiolute Treadmill Stress Test, please consider ordering a Pharmacologic Stress Test with Adenosine.
- Please refer to accompanying literature for appropriate patient preparations.

To avoid delays, please fax all patient insurance information,
including correct patient address and phone numbers.

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 14901 Rinaldi Street, Suite 110, Mission Hills, California 91345
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