

CARDIOVASCULAR CONSULTANTS MEDICAL GROUP

Consultative and Interventional Cardiology

Cardiac Electrophysiology

A Partnership of Medical Corporations



Nuclear Stress Test Referral Form

Schedule by calling: (818) 782-5041 Fax this form to: 818-205-9091

Patient Name: _____ Phone: _____

Referring Physician: _____ Phone: _____ Fax: _____

- Cardiolute Treadmill Stress Test Pharmacologic Stress Test with Lexiscan
- 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 to:

Phone: (818) 782-5041 Fax: (818) 205-9091
16542 Ventura Boulevard, Suite 402, Encino, California 91436