



**Stony Brook
Medicine**

NON-INVASIVE CARDIOLOGY REFERRAL PRESCRIPTION

HAUPPAUGE

200 Motor Parkway, Suite C-16
Hauppauge, NY 11788
Tel: (631) 444-9600
Fax: (631) 444-9621

TECH PARK

26 Research Way
East Setauket, NY 11733
Tel: (631) 444-9970
Fax: (631) 444-0530

Patient's Name: _____

MRN: _____ Date: _____ / _____ / _____

HT: _____ Wt: _____ Reason for Referral: _____

- | | |
|--|---|
| <input type="checkbox"/> Physician Consult | <input type="checkbox"/> Thallium Viability |
| <input type="checkbox"/> MUGA Scan | <input type="checkbox"/> Transthoracic Echocardiogram
(with contrast if indicated) |
| <input type="checkbox"/> Routine Treadmill Stress Test | <input type="checkbox"/> Echocardiogram
(with agitated saline injection) |
| <input type="checkbox"/> Nuclear Treadmill Stress Test | <input type="checkbox"/> Holter Monitor <input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour |
| <input type="checkbox"/> Nuclear Persantine Stress Test | <input type="checkbox"/> Event Recorder <input type="checkbox"/> Loop Recorder |
| <input type="checkbox"/> Nuclear Adenosin or Regadenoson Stress Test | |
| <input type="checkbox"/> Nuclear Dobutamine Stress Test | |

STONY BROOK MEDICINE

Heart Institute

Division of Cardiology

Stony Brook, NY 11794

Tel: (631) 444-TEST (8378) Fax: (631) 444-9502

- | | |
|---|--|
| <input type="checkbox"/> Dobutamine Stress Echocardiogram
(with contrast if indicated) | <input type="checkbox"/> Transesophageal Echocardiogram
Indication _____ |
| <input type="checkbox"/> Treadmill Stress Echocardiogram
(with contrast if indicated) | <input type="checkbox"/> 3D Transthoracic Echocardiogram
Indication _____ |
| <input type="checkbox"/> Strain / Strain Rate Analysis
Indication _____ | <input type="checkbox"/> 3D Transesophageal Echocardiogram
Indication _____ |
| <input type="checkbox"/> Pacemaker Optimization | <input type="checkbox"/> Echo for Cardiac Resynchronization |

Patient Data:

Diagnosis: (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Angina Pectoris (413.9) | <input type="checkbox"/> Dyspnea (786.0) | <input type="checkbox"/> Mitral Regurgitation (424.0) |
| <input type="checkbox"/> Abnormal ECG (794.31) | <input type="checkbox"/> Diabetes Type I (250.01) | <input type="checkbox"/> Murmur (785.2) |
| <input type="checkbox"/> Aortic Stenosis (395.0) | <input type="checkbox"/> Diabetes Type II (250) | <input type="checkbox"/> Palpitations (785.1) |
| <input type="checkbox"/> Arrhythmia (427.9) | <input type="checkbox"/> Family History of CAD (V17.3) | <input type="checkbox"/> Pre-operative Consult |
| <input type="checkbox"/> Bundle Branch Block (426.50) | <input type="checkbox"/> Heart Valve Disease (397.9) | <input type="checkbox"/> Syncope (780.2) |
| <input type="checkbox"/> CHF (428.0) | <input type="checkbox"/> Hypertension (401.9) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chest Pain (786.50) | <input type="checkbox"/> Hypercholesterolemia (272.0) | |
| <input type="checkbox"/> CAD (414.9) | | |

Brief History: _____

Referring MD / NP Signature

Date