



**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<br>(with contrast if indicated)                     |
| <input type="checkbox"/> Routine Treadmill Stress Test               | <input type="checkbox"/> Echocardiogram<br>(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<br>(with contrast if indicated) | <input type="checkbox"/> Transesophageal Echocardiogram<br>Indication _____    |
| <input type="checkbox"/> Treadmill Stress Echocardiogram<br>(with contrast if indicated)  | <input type="checkbox"/> 3D Transthoracic Echocardiogram<br>Indication _____   |
| <input type="checkbox"/> Strain / Strain Rate Analysis<br>Indication _____                | <input type="checkbox"/> 3D Transesophageal Echocardiogram<br>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