

# Consultative and Diagnostics Testing Referral Form for Reyes Cardiology

**Date of Request:**

**Patient Information**

Name:

Phone:

DOB:

Insurance Company:

Insurance ID and group #:

Insurance Authorization:

**Requesting Physician**

Name:

Phone:

Indication for Procedure:

Patient weight:

**Please include medical records.**

**Scheduling Urgency**

- 24 hours       Within \_\_\_\_ days       Next available appointment

**Echocardiography**

- Rest study
- Stress echo (rest echo>treadmill stress testing>peak stress echo)
- Dobutamine echo (rest echo>Dobutamine infusion>peak stress echo)
- Bubble study to detect intracardiac shunts

**Electrocardiographic Diagnostics**

- 48 Hour Holter Monitor
- Event Monitor (Transtelephonic Arrhythmia Monitoring – Patient triggered)
- Electrocardiogram (EKG)
- Exercise Treadmill Test (ETT) without imaging, requires chart notes prior to scheduling

**Vascular Ultrasound Diagnostics**

- Ankle Brachial Index (ABI)       Treadmill Ankle Brachial Index (ABI)
  - If ABI abnormal, perform Lower Extremity Arterial Ultrasound
- Carotid Artery Ultrasound
- Lower Extremity Arterial Ultrasound with Doppler
- Lower Extremity Venous Ultrasound with Doppler
- Abdominal Aortic Ultrasound       Renal Artery Ultrasound with Doppler

- Consultation** – Please include below what you would like me to address. If you need an immediate phone call after the patient is seen, include your cell #

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