



Name: _____
Last *First*

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____

DOB: _____ / _____ / _____

Request for Non-Invasive Cardiology Evaluation

(Stress Testing/Nuclear Cardiology)

Telephone: (860) 972-5517

Fax: (860) 545-5631 *or to schedule an appt:*

Central Scheduling

(860) 696-3000

Fax: (860) 696-3025

Today's Date _____ / _____ / _____

Height _____ ' _____ " Weight _____ lbs

Nuclear Cardiology

- Exercise Myocardial Perfusion Study
- Low-Level Exercise Myocardial Perfusion Study
- Vasodilator Myocardial Perfusion Study
- Vasodilator w/ Exercise Myocardial Perfusion Study
- Dobutamine Myocardial Perfusion Study
- Rest Myocardial Perfusion Study

Stress Laboratory

- Exercise Tolerance Test
- Modified Low – Level Exercise Tolerance Test
- Cardiopulmonary Exercise Test (MVO₂)

Selection of Stress Modality is at the discretion of the Stress Lab Physician unless otherwise indicated below.

Cardiac PET

- PET Perfusion (Rb82) Study
- FDG Myocardial Viability Study
- FDG Cardiac Sarcoid

Other

- Gated Blood Pool Study (RVG, MUGA)
- Cardiac Shunt Study
- Rest-Redistribution Thallium Study
- Pyrophosphate Study

Reason For Request/Clinical Indications: _____

Out-patient Office Use Only

Avon Glastonbury

Retreat BBS

Other: _____

Insurance: _____

ID #: _____

SS#: _____

PCP: _____

Test Date: _____ / _____ / _____

Test Time: _____ : _____ am pm

Requesting Physician:

Signature: _____

Date: _____ / _____ / _____ Time: _____ : _____ am pm

Print Name: _____

Beeper / Phone: _____

CC: _____

CC: _____

Insurance Pre-Authorization:
