



### Cardiology Testing Order Form

Patient Name:	DOB:	Height:	Weight:	BMI:
Referring Physician:		Test Date:	Time:	
Does patient have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Insurance		Secondary Insurance	
Preauthorization Information:				

Test Requested	Indications	
<input type="checkbox"/> <b>Echocardiogram</b>	<input type="checkbox"/> Chest Pain <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Heart Failure <input type="checkbox"/> Near Syncope/Syncope <input type="checkbox"/> Orthostatic Hypotension <input type="checkbox"/> TIA/Stroke <input type="checkbox"/> Left Ventricular Hypertrophy <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Murmur <input type="checkbox"/> Aortic Valve Disorder <input type="checkbox"/> Mitral Valve Disorder <input type="checkbox"/> Fever <input type="checkbox"/> PVC's <input type="checkbox"/> Atrial Fibrillation/Flutter <input type="checkbox"/> SVT/Cardiac Dysrhythmia <input type="checkbox"/> Pre-Chemotherapy <input type="checkbox"/> Other:

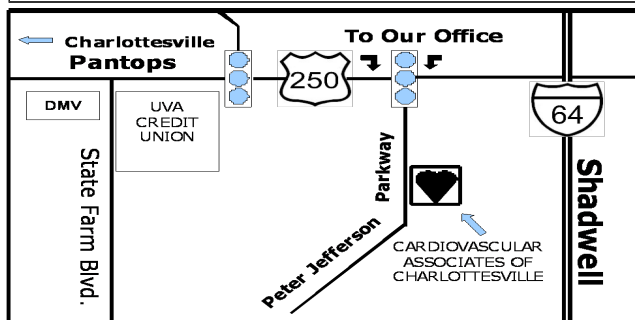
<b>Commonly Ordered Tests</b> <input type="checkbox"/> <b>Exercise Treadmill (EKG only)</b> <input type="checkbox"/> <b>Exercise Nuclear Stress</b> <input type="checkbox"/> <b>Exercise Echocardiogram</b> <input type="checkbox"/> <b>Lexiscan Nuclear Stress</b> <b>Special Testing</b> <input type="checkbox"/> <b>Dobutamine Nuclear Stress</b> <input type="checkbox"/> <b>Dobutamine Stress Echo</b>	<input type="checkbox"/> Chest Pain / Angina <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Heart Failure <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Syncope / Near Syncope	<input type="checkbox"/> Old Myocardial Infarction <input type="checkbox"/> Pre-Op <input type="checkbox"/> Other:  Testing physician reserves the right to do the medically appropriate test.
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<input type="checkbox"/> <b>Holter (24 – 48 Hour)</b> <input type="checkbox"/> <b>Event Monitor (30 day)</b> <input type="checkbox"/> <b>Continuous Cardiac Monitor (Mobile) (14 – 30 days)</b>	<input type="checkbox"/> Palpitations <input type="checkbox"/> Near Syncope/Syncope <input type="checkbox"/> Angina <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Atrial Flutter <input type="checkbox"/> PVC's <input type="checkbox"/> PAC's	<input type="checkbox"/> Supraventricular Tachycardia <input type="checkbox"/> AV Block <input type="checkbox"/> LBBB <input type="checkbox"/> RBBB <input type="checkbox"/> Bradycardia <input type="checkbox"/> Wolff-Parkinson-White <input type="checkbox"/> Cardiac Dysrhythmia <input type="checkbox"/> Other:
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## Directions to Our Office

From Hwy 29 North (Madison)	From Louisa
<ul style="list-style-type: none"> <li>- Turn left on Proffitt Rd</li> <li>- At stop sign, take right on Rt 20.</li> <li>- At stop light (McDonald's), turn left on 250W.</li> <li>- Travel 1.75 miles, then turn right onto PJP.</li> <li>- Take the first left to bldg 650, Suite 100.</li> </ul>	<ul style="list-style-type: none"> <li>- Take 64 W to Exit 124 (Shadwell).</li> <li>- Turn right onto 250 W</li> <li>- At the stoplight, turn left onto PJP.</li> <li>- Take the first left to bldg 650, Suite 100.</li> </ul>
From Hwy 29 South	From Orange
<ul style="list-style-type: none"> <li>- Take 29 S to 64 East</li> <li>- Take exit 124 (Shadwell).</li> <li>- Turn left onto 250 W</li> <li>- At the 2<sup>nd</sup> stoplight, turn left onto PJP.</li> <li>- Take the first left to bldg 650, Suite 100.</li> </ul>	<ul style="list-style-type: none"> <li>- Take 15 S to Rt 22 until you reach 250 W.</li> <li>- Continue on 250 W until you go under I-64</li> <li>- At the first stoplight, turn left onto PJP.</li> <li>- Take the first left to bldg 650, Suite 100.</li> </ul>
From Afton	From Fork Union/Buckingham Area
<ul style="list-style-type: none"> <li>- Travel on I- 64 E and take exit 124 (Shadwell).</li> <li>- Turn left onto 250 W</li> <li>- At the 2<sup>nd</sup> stoplight, turn left onto PJP.</li> <li>- Take the first left to bldg 650, Suite 100.</li> </ul>	<ul style="list-style-type: none"> <li>- Take Hwy 15 N to 250 W @ Zion Crossroads.</li> <li>- Turn left on 250 W (20 min)</li> <li>- Go UNDER I-64.</li> <li>- At the first stoplight, turn left onto PJP.</li> <li>- Take the first left to bldg 650, Suite 100.</li> </ul>



Cardiovascular Associates of Charlottesville  
 650 Peter Jefferson Parkway, STE 100  
 Charlottesville, VA 22911

Questions? Call 434-293-4072 between  
 8:30 AM – 4:30 PM Monday through Friday



# CARDIOVASCULAR ASSOCIATES

— OF CHARLOTTESVILLE —

*Quality Care in a Heartbeat*

Office: (434) 293-4072  
Fax: (434) 293-4265  
[www.cvilleheart.com](http://www.cvilleheart.com)

Instructions	Nuclear Stress Testing	Regular Treadmill & Echo-Stress Testing
<b>*Disclaimer: Always check with your ordering provider before making changes to your medication regime*</b>		
Clothing	Comfortable walking shoes and exercise clothes	
Should I take my medicines?	Hold beta blocker (Metoprolol, Lopressor, Toprol, Tenormin, Atenolol, Propranolol, Cogard, Ziac, Pindolol), rate slowing calcium blocker (Cardizem, Tiazac, Cartia, Diltiazem, Verapamil, Verelan), and Theophylline or Theo Dur for 24 hours unless your blood pressure is over 160/100 or you have atrial fibrillation	
Food/Drink	Nothing after midnight (sips of water Okay) No coffee, tea, soda with caffeine, decaffeinated products, or chocolate 24 hr. prior	Nothing 2 hours prior to testing, except water
Diabetes	Check sugar in A.M. Have small amount of juice if blood sugar is below 80. Take half dose NPH insulin the night before. Bring your insulin or pill with you to take after testing.	
Note	Nuclear stress can be a two-day test The testing time for the second day will be determined after the first part	