



408 N. Main Street • Pueblo, CO 81003

719/5HEART1 • Fax 719/5HEART6  
719/543-2781 • Fax 719/543-2786

## PRE-REGISTRATION FOR PATIENTS

Patients can save time by pre-registering one of two ways!

Print and complete form, then either fax to 719/543-2786 or bring to us when you visit.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

INSURANCE/S \_\_\_\_\_

**BRING:** All of your medication bottles  
Insurance Information, Cards, Co-Payment

**ASK:** Your primary care provider to send us a referral if required.

**WEAR:** Comfortable walking shoes/clothing.

**DIET:** Have only clear liquids for two hours before your visit.





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## PROVIDER ORDER SHEET

Send this information and required referrals to us by Phone 719/543-2781 or Fax 719/543-2786

### URGENCY OF SERVICE REQUESTED:

- Today     Tomorrow     Within 5 Days
- Patient Preference \_\_\_\_\_ (Date)
- Patient is in office/facility; please schedule appointment now
- Please contact patient directly to schedule appointment

Date: \_\_\_\_\_

#### REQUESTING PROVIDER:

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

#### PATIENT:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ SS # \_\_\_\_\_

Insurance/s \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

#### SERVICE REQUESTED:

- EVALUATION:**
- Non-Acute:     Chest Pain     Dyspnea     Peripheral Edema
- Abnormal EKG
- TESTING: Pre-op EKG

**PREOPERATIVE CARDIAC CLEARANCE**

Type Of Surgery \_\_\_\_\_

Date Of Surgery \_\_\_\_\_

Surgeon \_\_\_\_\_

**TESTING:**

- Echocardiogram                       Stress Test
- Stress Echocardiogram               Dobutamine Stress Echocardiogram

#### PREFERRED METHOD OF RECEIVING REPORTS:

- Mail:            Address \_\_\_\_\_
- Fax:            Fax # \_\_\_\_\_
- Website:      Access report through secure database at **www.cardiologynow.com**
- Please check if you do NOT want your patient to receive a copy of the report.