



PROVIDING HIGH QUALITY STATE-OF-THE-ART CARDIOLOGY SERVICES  
p 303.789.1400 | f 303.789.1401  
401 W Hampden Place, Suite 260- Englewood, CO 80110  
www.cardiologynow.com

DATE \_\_\_\_\_

### PROVIDER ORDER FORM

#### URGENCY OF SERVICE REQUEST

- Today
- Tomorrow
- Within 5 Days
- Patient Preference \_\_\_\_\_ (Date)

#### SCHEDULING METHOD #1 - CALL US

While the patient is in your office, call Cardiology NOW: 303.789.1400

#### SCHEDULING METHOD #2 - FAX US

Cardiology NOW will contact patient directly to schedule appointment after receiving this order sheet: 303.789.1401

**REQUESTING PROVIDER** \_\_\_\_\_ NPI \_\_\_\_\_

Phone \_\_\_\_\_ Fax for receiving reports: \_\_\_\_\_

Provider Signature (REQUIRED) \_\_\_\_\_

#### PATIENT

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Insurances \_\_\_\_\_

**DIAGNOSIS**  Chest Pain  Dyspnea  Murmur  Abnormal EKG  Other \_\_\_\_\_

#### SERVICE REQUESTED:

**CARDIAC EVALUATION / HISTORY & PHYSICAL** (further testing at Cardiologist's discretion)

**PREOPERATIVE CLEARANCE / HISTORY & PHYSICAL** (further testing at Cardiologist's discretion)

Type of Surgery \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Surgeon \_\_\_\_\_ Fax \_\_\_\_\_

**CARDIAC, VASCULAR, or PREOPERATIVE TESTING ONLY**

EKG / Preop EKG       Echocardiogram       Stress Echocardiogram       Stress Test

Holter Monitor 24hrs / 48 hrs       Echocardiogram w/Bubble Study       Carotid Ultrasound

Extended/Event Holter Monitor \_\_\_ **24-48** hours \_\_\_ **3-14** days \_\_\_ **30** days (Please specify duration)

