



DATE: \_\_\_\_\_

**PROVIDING CONVENIENT AND AFFORDABLE  
CARDIOLOGY SERVICES**

401 W Hampden Pl, Suite 260  
Englewood, CO 80110

3624 E Highlands Ranch Pkwy, #103 Highlands  
Ranch, CO 80126

Phone: 303-789-1400  
Fax: 303-789-1401

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

**PHONE** \_\_\_\_\_ **FAX FOR RECEIVING REPORTS:** \_\_\_\_\_

**PROVIDER SIGNATURE(REQUIRED)** \_\_\_\_\_

**PATIENT**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **ALTERNATE PHONE** \_\_\_\_\_

**INSURANCE** \_\_\_\_\_ **MEMBER ID#** \_\_\_\_\_

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

**SERVICES REQUESTED**

***EVALUATIONS/CONSULTATIONS –***

Testing will be ordered and performed per Cardiologists discretion

- CARDIAC EVALUATION                       MEDICATION/STIMULANT CLEARANCE
- SPORTS/WORK CLEARANCE
- PRE-OPERATIVE CARDIAC CLEARANCE

**Date of surgery** \_\_\_\_\_ **Type of Surgery** \_\_\_\_\_

**Surgeon/Facility** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

***TESTING***

- EKG/PRE-OP EKG     ECHOCARDIOGRAM     BUBBLE STUDY (PFO/TIA)     CAROTID     AAA
- STRESS ECHOCARDIOGRAM     TREADMILL STRESS TEST
- HOLTER/EVENT MONITOR ----- Duration (24 hours up to 30 days) \_\_\_\_\_