

CARDIOLOGY / NEUROLOGY / RESPIRATORY SERVICES
OUTPATIENT PHYSICIAN REFERRAL FORM
CENTRAL SCHEDULING (734) 458-4366 FAX (734) 458-4681
8:00 am - 5:00 pm Monday - Friday

PATIENT NAME _____ APPOINTMENT DATE _____

PHYSICIAN SIGNATURE _____ APPOINTMENT TIME _____

NUCLEAR STRESS TEST

- | | | |
|--------------------------|-----------------------|-------|
| <input type="checkbox"/> | DOBUTAMINE CARDIOLITE | 78452 |
| <input type="checkbox"/> | EXERCISE CARDIOLITE | 78452 |
| <input type="checkbox"/> | LEXISCAN CARDIOLITE | 78452 |

STRESS ECHO

- | | | |
|--------------------------|------------------------|---------------------|
| <input type="checkbox"/> | DOBUTAMINE STRESS ECHO | 93015, 93320, 93325 |
| <input type="checkbox"/> | EXERCISE STRESS ECHO | 93015, 93320, 93325 |

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | <u>TREADMILL STRESS TEST ONLY</u> | 93015 |
|--------------------------|--|-------|

- | | | |
|--------------------------|-------------------------------|-------|
| <input type="checkbox"/> | <u>TILT TABLE TEST</u> | 93660 |
|--------------------------|-------------------------------|-------|

- | | | |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | <u>2-D ECHOCARDIOGRAM</u>
<u>WITH COLORFLOW / DOPPLER</u> | 93307, 93320, 93325 |
|--------------------------|--|---------------------|

- | | | |
|--------------------------|---------------------------------------|-------|
| <input type="checkbox"/> | <u>EKG</u> (Electrocardiogram) | 93000 |
|--------------------------|---------------------------------------|-------|

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | <u>EEG</u> (Electroencephalogram) | 95816 |
|--------------------------|--|-------|

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | <u>EEG</u> (24 Hour Sleep Deprivation Study) | 95816 |
|--------------------------|---|-------|

DIAGNOSIS: PLEASE CIRCLE BELOW:

- Abnormal Echo
- Abnormal EKG
- Abnormal Stress Test
- AFIB (Atrial Fibrillation)
- Aortic Stenosis
- Arrythmia
- Asthma
- Bradycardia
- Cardiomyopathy
- CAD (Coronary Artery Disease)
- Chest Pain
- CHF (Congestive Heart Failure)
- COPD
- Dyspnea
- Emphysema
- Heart Murmur
- HTN (Hypertension)
- Ischemia
- Long-term use of Amiodarone
- LVH (Left Ventricular Hypertrophy)
- Seizure
- SOB (Shortness of Breath)
- Syncope
- Tachycardia
- TIA (Transient Ischemic Attack)
- Vertigo
- OTHER:**

HEALTH ENHANCEMENT CENTER (Cardiac Rehab) PHASE II & PHASE III *BY APPOINTMENT ONLY - CALL (734) 458-3242*

RESPIRATORY/ PULMONARY SERVICES

- | | <u>CPT-Code</u> |
|---|-----------------|
| <input type="checkbox"/> <u>PFT</u> (Pulmonary Function Test) <i>Bronchodilator Complete (Pre/Post)</i> | 94060 |
| <input type="checkbox"/> <u>PFT</u> (Pulmonary Function Test) <i>Bronchospasm Provocation (Methacholine Challenge)</i> | 94070 |
| <input type="checkbox"/> <u>PFT</u> (Pulmonary Function Test) <i>Spirometry</i> | 94010 |
| <input type="checkbox"/> <u>ABG</u> (Arterial Blood Gas) | 82803 |
| <input type="checkbox"/> <u>HOME OXYGEN EVALUATION</u> | 94690 |
| <input type="checkbox"/> <u>6 MINUTE WALK</u> | 94620 |
| <input type="checkbox"/> <u>CARBOXYHEMOGLOBIN</u> | 82375 |
| <input type="checkbox"/> <u>PULSE OX</u> | 94760 |

NOTE: PLEASE FAX COPY OF THIS FORM AND PATIENT'S MEDICATION LIST

PLEASE BRING THIS FORM WITH YOU ON YOUR SCHEDULED APPOINTMENT DATE



Garden City Hospital
CARDIOLOGY, NEUROLOGY, PULMONARY
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PHSI-050-034 GCH (09/16)

PATIENT I.D.

TEST INSTRUCTIONS

PLEASE CHECK APPROPRIATE TEST:

Cardiology & Neurology Services

EKG (Electrocardiogram) - NO APPOINTMENT NECESSARY

Exercise Stress Echo (Procedure time 1 hour)

For this test you will be asked to walk on a treadmill. Your heart rate, blood pressure and heart tracings will be monitored carefully throughout the test. During the test, ultrasound pictures of the heart will be taken before and after exercise.

PREPARATION: DO NOT EAT OR DRINK (2) HOURS PRIOR TO THE TEST. Wear comfortable clothing and athletic shoes.

DO NOT take your morning Insulin or oral diabetic medication since you will not be eating breakfast. When the test is completed, you are to eat and then take ONE-HALF of your usual dose of Insulin or oral diabetic medication.

Dobutamine Stress Echo (Procedure time 1½ hours)

If you have a medical condition that prevents you from exercising, you may be given a medication called Dobutamine instead of exercising. This medication will gradually produce an increase in your heart rate and blood pressure -- similar to what would happen during physical exercise. Your EKG and blood pressure will be monitored continuously during the test.

PREPARATION: DO NOT EAT OR DRINK (6) HOURS PRIOR TO THE TEST. Wear comfortable clothing. **DO NOT** take your morning Insulin or oral diabetic medication since you will not be eating breakfast. When the test is completed, you are to eat and take ONE-HALF of your usual dose of insulin or oral diabetic medication.

Exercise, Dobutamine, LEXI-SCAN Cardiolute Stress Test (Procedure time 3-4 hours)

If you have a medical condition that prevents you from exercising, you may be given a medication instead of exercising.

Soon after you arrive, you will receive an IV injection of Cardiolute, a radioactive isotope tracer and the first set of pictures will be taken. After the medicine injection for the stress portion of test, a second scan of pictures will follow.

PREPARATION: DO NOT EAT, DRINK OR SMOKE AFTER MIDNIGHT PRIOR TO THE TEST. Continue taking your prescribed medications at the usual times, but take them only with small sips of water. If you routinely take medications that contain THEOPHYLLINE for asthma or other breathing problems, your doctor will discontinue these medications 36-48 hours prior to the test. Wear comfortable clothing/shoes for an Exercise Cardiolute study.

Echocardiogram (Cardiac Ultrasound) (Procedure time ½ hour)

An echocardiogram is a safe and painless procedure that takes approximately a ½ hour to complete. This test will provide information about your heart muscle and overall functional capacity of your heart.

PREPARATION: DO NOT DRINK ANY CAFFEINE PRODUCTS (coffee, tea, soda, chocolate etc) 2 HOURS PRIOR TO THE TEST. Continue taking your medications unless otherwise notified.

TILT Table Test (Procedure time 1½ - 2 hours)

This test will help your physician evaluate the condition of your heart and circulation and decide the best course of treatment for you.

Your heart rate, blood pressure and EKG will be monitored continuously throughout the test. The table will be tilted to 70 degrees (not quite standing upright) for 30 minutes until symptoms occur. If symptoms occur such as dizziness, decrease in blood pressure or heart rate, the table will be put flat and medications and/or IV fluids will be given. The test will be stopped and a cardiologist will be contacted for evaluation. If you take any medications in the morning, please ask your doctor if you should take them prior to the test.

PREPARATION: DO NOT EAT OR DRINK ANYTHING (6) HOURS PRIOR TO THE TEST. **YOU MUST BRING SOMEONE WITH YOU TO DRIVE YOU HOME.** Wear comfortable clothing.

EEG (ELECTROENCEPHALOGRAM) (Procedure time 1½ hours)

An EEG is a test that monitors your electrical brain wave activity. It is painless, safe and has no affect on your brain.

NOTE: IF YOUR TEST CALLS FOR 24-HOUR SLEEP DEPRIVATION, PLEASE ADVISE THE SCHEDULER.

PREPARATION: Please eat and take any normally prescribed medications. Wash your hair the night before. **DO NOT** use any cream rinse, conditioner, hair spray, gel, mousse or spritz. **NO** geri curls, hair weaves, braids, hairpieces or wigs. **DO NOT WEAR MAKE-UP.**

NOTE: FOR ALL STRESS TESTS - PLEASE TAKE YOUR BLOOD PRESSURE MEDICATION PRIOR TO THE TEST.

DO NOT apply lotion or powder to your body or wear cologne.

It is important to communicate with you during the test. If you do not speak English, please bring a translator with you.

REMINDER - BRING A LIST OF MEDICATIONS YOU ARE CURRENTLY TAKING AND SCRIPT/ORDER FROM THE DOCTOR

Revised 6/12/13

If you have any questions, please call the Cardiopulmonary Office at 734-458-3221



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PATIENT I.D.

TEST INSTRUCTIONS

PRIOR TO THE TEST:

Respiratory Care Services

- Call Pre-Registration at 734-458-4366 a few days prior to your scheduled appointment.
(Monday through Friday 8:00 am - 5:00 pm)
- If you are unable to keep your appointment, please call 734-458-4366 to reschedule as soon as possible.

THE DAY OF YOUR TEST:

- Please report to the Information Desk located in the hospital Main Lobby 15 minutes prior to your appointment time.

PLEASE CHECK APPROPRIATE PROCEDURE

PULMONARY FUNCTION TEST (PFT) with and/or without Methacholine

1. Procedure Time: 1½ hours.
2. **DO NOT** smoke after midnight before the test.
3. Stop all inhaler and nebulizer medications (4) hours prior to the test time. If you find you are experiencing distress, you may use your inhaler or nebulizer. If it was necessary to use the inhaled medication, please notify the Respiratory Therapist of the time the inhaler or nebulizer was used prior to beginning the test.
4. If you are taking the medication Serevent, Spiriva, Foradil, or Advair, stop taking it (12) hours before the test.
5. Bring a list of all medications you are currently taking.
6. **Be sure to eat a light meal** prior to your appointment.
7. Wear loose, comfortable clothing; nothing binding around the waist.
8. Be sure to bring the doctor's written order (prescription) for the test. Also, please bring any referrals or other documents required by your insurance company.
9. Refrain from wearing lipstick or chapstick.

6 MINUTE WALK

1. Procedure Time ½ hour
2. Wear comfortable clothing.
3. Wear appropriate shoes for walking.
4. Bring your usual walking aids for the test (cane, walker, etc).
5. Keep to your usual medical regimen.
6. Light meal is acceptable prior to test.
7. **NO** vigorous exercise within two (2) hours before beginning test.

If you have any questions, please call the Cardiopulmonary Services Office at 734-458-3221