1249 S Cedar Crest Blvd. Suite 100
Allentown, PA 18103
610-770-2200 Fax 610-770-2228

HEARTCAREGROUP

1504 Rte 61 Hwy South
Pottsville, PA 17901
610-770-2200 Fax 610-770-2228

858 Interchange Rd
Lehighton, PA 18235
610-770-2200 Fax 610-770-2228

The Heart Care Group, P.C.

www.heartcaregroup.com

DIAGNOSTIC TESTING REFERRAL FORM

PATIENT INFORMATION

Name:_____

Date of Birth:_____

Address:_____
_____

City/State/Zip:_____

Telephone_____

REFERRING PHYSICIAN INFORMATION

Name:_____

Signature:_____

Address:_____
_____

City/State/Zip:_____

Telephone:_____

TEST	DIAGNOSIS (check all that apply):			
[] ELECTROCARDIOGRAM (EKG)	[] I21.3	MYOCARDIAL INFARCTION	[] R55	SYNCOPE & COLLAPSE
[] 24 HOUR HOLTER MONITOR	[] I44.0	ATRIOVENTRICULAR BLOCK	[] R00.2	PALPITATIONS
[] 30 DAY CARDIAC EVENT MONITOR	[] I45.10	R/L BUNDLE BRANCH BLOCK	[] R07.9	CHEST PAIN
(LOOPING & NON-LOOPING)	[] I48._(0-4)	ATRIAL FIBRILLATION/FLUTTER	[] R94.31	ABNORMAL ECG/EKG
	[] I49.40	PREMATURE BEATS	[] OTHER	(SPECIFY):

TEST	DIAGNOSIS (check all that apply):			
[] ECHOCARDIOGRAM W/DOPPLER	[] I10	HTN	[] R00.2	PALPITATIONS
[] EXERCISE STRESS ECHO	[] I25.10	CORONARY ARTERY DISEASE	[] R06.02	SHORTNESS OF BREATH
[] DOBUTAMINE STRESS ECHO	[] I48._(0-4)	ATRIAL FIB/ATRIAL FLUTTER	[] R07.9	CHEST PAIN
[] EXERCISE STRESS TEST	[] R55	SYNCOPE & COLLAPSE	[] R94.39	ABNORMAL STRESS TEST
	[] R42	DIZZINESS	[] OTHER	(SPECIFY):

TEST	DIAGNOSIS (check all that apply):			
			[] RO6.02	SHORTNESS OF BREATH
	[] E11.9	DIABETES	[] RO7.9	CHEST PAIN
[] NUCLEAR (MIBI) STRESS TEST	[] F17.200	SMOKER CONTINUOUS EPISODIC	[] R94.39	ABNORMAL STRESS TEST
[] ADENOSINE NUCLEAR STRESS TEST	[] I10	HTN	[] R94.31	ABNORMAL EKG
[] DOBUTAMINE NUCLEAR STRESS TEST	[] I21.3	MYOCARDIAL INFARCTION	[] Z95.818	S/P CABG
	[] I25.10	CORONARY ARTERY DISEASE	[] Z95.9	PTCA
			[] OTHER	OTHER (SPECIFY):

TEST	DIAGNOSIS (check all that apply):			
			[] L97.9__	ULCER LOWER LIMB
			[] M79.606	PAIN IN LIMB
[] CAROTID ULTRASOUND	[] G45.9	TRANSIENT ISCHEMIC ATTACK	[] MI79.89	SWELLING OF LIMB
[] LOWER EXTREMITY VENOUS	[] I63.9	CEREBROVASCULAR DISEASE	[] R55	SYNCOPE & DIZZINESS
DUPLEX	[] I71.3	ABDOMINAL ANEURYSM	[] R26.89	GAIT ABNORMALITY
[] LOWER EXTREMITY ARTERIAL	[] I74.9	ARTERY OCCLUSION	[] R22.__	LOCALIZED SWELLING
DUPLEX/SEGMENTAL PRESSURES	[] I80.9	DVT	[] OTHER	(SPECIFY):
	[] I83.893	VARICOSE VEIN - PAIN / SWELLING		

NOTE: THIS FORM IS NOT TO BE USED AS AN INSURANCE REFERRAL FORM.