

Scheduling 303-398-1355 Fax 303-270-2153

**Important: Fax a demographic face sheet along with this order.**

Ordering Physician:

Signature:

Contact Name/Phone:

Fax:

Patient Name:

DOB:

Home Phone:

Cell/Work Phone:

Diagnosis:

Date Faxed to NJH:

Infection Risk: Yes No

**I authorize the Cardiologist to extend or modify this test without my prior notification.**

( Note if box is not marked, modifications to the test may be made only with the consent of the ordering physician. )

**Is the patient currently taking any of the following medications:**

Y / N Beta Blockers, Y / N Calcium Channel Blocker, Y / N Anti-arrhythmic, Y / N Angiotensin II Receptor Blockers  
Y / N ACE inhibitors, Y / N Cholesterol Medication, Y / N Anticoagulants, Y / N Infectious Precautions

**Non Stress Testing**

Echocardiogram Routine

ECG - 12 Lead

Holter Monitor \_\_\_ 24hr, \_\_\_ 48hr

Echo Agitated Saline

Signal-Averaged ECG  
& ECG 12 Lead

Ambulatory Blood Pressure Monitor (24 hr)

Desired HTN limits of test 140/90 or \_\_\_\_\_

(Definity contrast Echo will be performed only if determined necessary by the cardiologist)

**Stress Testing**

**Stress tests will not be scheduled or performed if this form is not completed**

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Resting HR: \_\_\_\_\_ Resting BP: \_\_\_\_\_

Resting ECG: Normal Abnormal Unknown

Does patient have? (please circle): Pacemaker ICD

If ICD, what is VT rate? \_\_\_\_\_

Y / N Is it ok to hold Beta Blocker?

Y / N Is it ok to hold Calcium Channel Blocker?

Y / N Is it ok to hold long-acting Nitrates?

**Cardiac Risk Factors:**

( Please check all that apply )

\_\_\_ Hypertension \_\_\_ Diabetes

\_\_\_ Obesity \_\_\_ Tobacco

\_\_\_ Family Hx CAD

\_\_\_ Sedentary Lifestyle

\_\_\_ Elevated Cholesterol

Exercise Stress Test

(Treadmill with Ramp Protocol unless specified otherwise)

Stress Echo - Agitated Saline (Shunt) with Treadmill

Stress Echo - Ischemia with mode \_\_\_ Treadmill, \_\_\_ Dobutamine\*

( For Ischemia Stress Echo, Definity will be used if clinically indicated unless specified otherwise )

Additional info:

**Please use the Cardiac Imaging Form to order  
Cardiac CT, CTA, Nuc/Med Stress, PET/CT, and MRI.**

**Please use the PPS Form to order  
Cardiopulmonary Stress testing.**

\* The following medication may be given per policy:

Albuterol Nebulizer 2.5 mg in 3 ml NS PRN

Dobutamine 500mg/250ml D5W @ 2.5-50 mcg/kg/min IV

Regadenoson 0.4mg give IV push

Dipyridamole 0.57 mg/kg given IV over 4-6 min.

Atropine 0.25-0.5mg IVP PRN

Aminophylline 50-125 mg IVP PRN

Diphenhydramine 50 mg IVP PRN