



Virginia Cardiovascular Specialists

Appointment Scheduled for:
Date _____ Time _____
[] Mon [] Tues [] Wed [] Thurs [] Fri
Location _____

Reason for Cardiac Consultation:
Preferred Cardiologist _____
Preferred Location _____
[] Medical Evaluation—evaluate and advise with recommendations for management and send back to PCP
[] Procedural Consultation—confirm need for/perform requested test/procedure
[] Co-Management Consultation—share care with PCP for referred condition

Per Order Form:
1. VCS will contact all NO SHOW patients.
2. VCS will confirm all scheduled appointments and testing with referring PCP via fax or phone.
Patient Name _____ DOB: _____
ICD-10 CM DIAGNOSIS CODE(S) _____
Contact Telephone _____
Insurance _____
ID# _____
Referral Required: [] Yes [] No
In order to obtain pre-authorization please provide:
[] Last office note
[] Ordering physician NPI # and Tax ID #
[] Any abnormal test results related to order
Ordering Physician (print name) _____
Ordering Physician Signature _____
Ordering Physician Fax # _____
Ordering Physician Phone # _____

Preferred Location

Table with 4 columns of location options and phone numbers. Locations include Bell Creek - Hanover, Forest Medical Plaza, Harbourside - Hull Street, St. Mary's, Stony Point, Tappahannock, Waterside - Prince George, and West Creek—Short Pump.

STRESS TESTING

Patient Ht _____
Patient Wgt _____
BMI _____

[] NUCLEAR STRESS TESTING

- [] Exercise
[] Dobutamine
[] Lexiscan
[] MUGA

[] Cardiac PET

[] STRESS ECHOCARDIOGRAM

[] EXERCISE STRESS TEST (Treadmill only)

VASCULAR STUDIES

[] PERIPHERAL ARTERY STUDY

- [] ABI at ankle
[] Exercise ABI

VASCULAR STUDIES (cont.)

[] ARTERIAL DUPLEX

- [] Bilateral
Circle: upper lower
[] Unilateral arterial duplex
Circle: right left
Circle: upper lower
[] Pseudo-aneurysm arterial duplex

[] ABDOMINAL VESSEL STUDY

- [] Abdominal aorta duplex
[] Renal artery duplex

[] PERIPHERAL VENOUS STUDY

- [] Venous duplex bilateral
Circle: lower upper
[] Venous duplex unilateral
Circle: lower upper
right left

[] CAROTID ARTERY ULTRASOUND

[] ECHOCARDIOGRAM

[] EKG (any location)

[] HOLTER (any location)

- [] 24hour [] 48 hour

[] EVENT MONITORING (any location)

Previous Holter Order (within 60 days)

- [] Yes [] No

[] CT ANGIOGRAPHY

PREVENTIVE SCREENING

[] CT HEART SCAN

Coronary Calcium Scoring

[] VASCULAR VIEW

- [] ABI
[] Carotid
[] Aorta
[] All Three