METRO HEALTH
UNIVERSITY OF MICHIGAN HEALTH

Heart & Vascular

Order Date

Referring Physician

Referring Physician Phone

Referring Physician Fax

Referring Physician Signature

Patient Information – Please fill out completely

Patient's Name (Last, First)

Patient's Date of Birth

( ) ( )

Home Phone Work/Cell Phone

Patient's Weight Patient's Height

Address

City / State / Zip

Insurance

Insurance Authorization Identification Code (if needed)

Testing Information

Diagnosis / Reason for Testing: _____

Interpreter Needed: ☐ Yes ☐ No Language Needed _____

Consultation Only: ☐ Yes ☐ No ☐ Urgent ☐ Non-Urgent ☐ Test Only ☐ Test with Consult

Pacemaker or ICD: ☐ Yes ☐ No

Testing Desired: ☐ Urgent (0-48 hrs) ☐ Non-Urgent (>48 hrs) Does patient require a Hoyer/LIKO lift? ☐ Yes ☐ No

☐ Echo ☐ Stress Echo ☐ Stess Echo Limited ☐ Doubutamine Stress Echo ☐ Doubutamine Stress Echo Limited ☐ GXT

Nuclear Stress Test: ☐ Exercise ☐ Chemical ☐ Other _____

☐ Carotid Doppler Does patient have a known iliac stent? ☐ Yes ☐ No

Venous Duplex: ☐ Unilateral ☐ Bilateral Choose Extremity _____

☐ Arterial Duplex ☐ Arterial Doppler

Ulcer/Wound Present: ☐ Yes ☐ No If yes, how long? _____ Does patient participate in wound clinic? ☐ Yes ☐ No

Recent PVI Testing: ☐ Yes ☐ No If yes, when? _____ **ABI Results:** Rt _____ Lt _____

Appointment Information

Appointment Date & Time

Cardiologist

Locations: ☐ Metro Health Hospital ☐ Greenville

Syeda Atiqa Batul, MD | Eugene H. Chung, MD | Gunjan Gholkar, MD | Rony Gorges, MD
Barbara Karenko, DO | Paul J. Kovack, DO | Katie Mowers, MD | Suprotim Samaddar, DO
Matthew W. Sevensma, DO | Michael Sumners, DO | Eric T. Walchak, DO

10/20

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