

Zia Roshandel, M.D., F.A.C.C.

| Patient Name:                       | Date of Birth:        |                                  |
|-------------------------------------|-----------------------|----------------------------------|
| Address:                            |                       |                                  |
| Home Telephone:                     | Cell Phone:           | Work Phone:                      |
| Insurance:                          |                       | Member ID:                       |
| Ordering Physician's Name:          |                       | Office Telephone:                |
| Date Ordered:                       | _ Referral/Prior Auth | Number: Pre-cert? O Yes O No     |
|                                     |                       | O Wed O Thu O Fri Time:am/pm     |
| Nuclear Cardiology                  |                       | Non-Imaging Studies              |
| Dx:                                 |                       | Dx:                              |
| Ht: Wt:                             |                       | Ht: Wt:                          |
| O Exercise Nuclear Stress Test      |                       | O Treadmill Exercise Stress Test |
| O Pharmacologic Nuclear Stress Test |                       | O ECG (Electrocardiogram)        |
| Echocardigraphy                     |                       | O Holter Monitor:                |
| Dx:                                 |                       | O 24 Hour                        |
| Ht: Wt:                             |                       | O 48 Hour                        |
| O Echocardiogram                    |                       | O Event Monitor                  |
| O Exercise Stress Echo              |                       | O Cardionet Monitor              |
| O Pharmacologic Stress Echo         |                       | O Tilt Table                     |
| O Transesophageal Echo (TEE)        |                       | O Cardioversion                  |
| Vascular Testing                    |                       |                                  |
| Dx:                                 |                       |                                  |
| Ht: Wt:                             |                       |                                  |
| O Carotid Doppler                   |                       |                                  |