

# The Medical Center of Plano

3901 W. 15th Street Plano, TX 75075  
 Phone 972-612-6500 Fax 469-484-0512

# Main Campus

3901 West 15th  
 ER Entrance

Please call, 972.612.6500 for appointment - Monday - Friday 8:00 am - 5:30 pm

<input type="checkbox"/> <b>Contact patient to schedule appointment.</b> Patient Name: _____ Birth Date: _____ Gender: M or F SS # (optional): _____ Phone: _____ Alternate phone: _____ DX/Reason for testing: _____ _____	Please, provide the following information, or fax ID/ Demo sheet. Name of Insurance: _____ Phone: _____ ID #: _____ Group #: _____ Name of Insured: _____
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PLEASE ALLOW 30 MINUTES FOR REGISTRATION PROCESS. BRING THIS FORM, INSURANCE CARDS, PICTURE ID AND ANY PREVIOUS OUTSIDE EXAMS WITH YOU.

Physician or Group to Interpret Test: \_\_\_\_\_

<b>Cardiology Procedures</b> Appt. Required	<b>Cardiology Procedures</b> No Appt. Required		<b>Clinic</b> (972) 519-1345 Appt. Required
Signal Average EKG	EKG		CHF Education/ checks
Adult 2D Echo w/ Doppler	Holter Monitor <input type="checkbox"/> 12 hour <input type="checkbox"/> 24 hour <input type="checkbox"/> 72 hour		CHF Infusion
Pedi 2D Echo w/ Doppler			Lovenox Education
Echo w/ Bubble Study			PT/INR Clinic
Echo w/ Optimization			Lipid Clinic
Stress Echocardiogram (SE)			Other:
Transesophageal Echo (TEE)	Event Monitor	<b>Neurodiagnostic Procedures</b> Appt. Required	<b>Peripheral Vascular Studies</b> Appt. Required
Transesophageal Echo (TEE w/ Cardioversion (ECV)	EKG w/ Rhythm Strip		
Cardioversion (ECV)	Other:		
Exercise Tolerance Test (ETT) Stress Test	<b>Cardiology Nuclear Medicine</b> Appt. Required	EEG - Routine	Ankle / Brachial Index (ABI) With Exercise Without Exercise
Dobutamine Stress Echo (DSE)		EEG - Sleep Deprived	Segmental Pressures <input type="checkbox"/> With Exercise <input type="checkbox"/> Without Exercise
Exercise Tolerance Test (ETT) w/Pulmonary Function Test (PFT)	Adenosins Stress Test (Thallium) walking	EEG - Ambulatory <input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour	Arterial Dopplers Lower Extremity Bilateral Left Leg Right Leg
	Adenosine Stress Test (Thallium) non-walking	EMG	
	ETT Cardiolite (Thallium)	NCV -Sensory Upper Motor Lower	
	Dobutamine Stress Test	Auditory Evoke Potentials (AEP)	
	Other:	Visual Evoke Potentials (VEP)	
		S - SEP Upper Lower	
		TCD Complete	
		TCD w/Bubble	

Physician's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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### Cardiology Neuro Order Form



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#### PATIENT IDENTIFICATION