

**Call Centralized Scheduling at 603.740.2671 to schedule.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Primary Ins: \_\_\_\_\_  
 Ordering Clinician: \_\_\_\_\_ Ins #: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Secondary Ins: \_\_\_\_\_  
 Chief Complaint: \_\_\_\_\_ Ins #: \_\_\_\_\_  
 Precautions/Allergies: Shellfish/Iodine \_\_\_\_\_ Pre-Cert #: \_\_\_\_\_  
 \_\_\_\_\_ Pre-Approval: \_\_\_\_\_  
 \_\_\_\_\_ Appointment Date: \_\_\_\_\_

**Physicians / ARNP / PA Signature Required:** \_\_\_\_\_

Diagnosis/Signs & Symptoms: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please CHECK exam below**

<b>Cardiology</b>	<b>Vascular</b>	
<input type="checkbox"/> EKG	<input type="checkbox"/> Carotid Duplex	<input type="checkbox"/> Vein Mapping (for graft) <input type="checkbox"/> Upper EXT <input type="checkbox"/> Lower EXT <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
<input type="checkbox"/> Holter Monitor	<input type="checkbox"/> Carotid Duplex Follow-up	
<input type="checkbox"/> 30 Day Event Monitor	<input type="checkbox"/> Arterial Exam (ABI/AAI)	<input type="checkbox"/> Graft Imaging <input type="checkbox"/> Upper EXT <input type="checkbox"/> Lower EXT <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
<input type="checkbox"/> Implantable Cardiac Monitor follow-up	<input type="checkbox"/> Upper EXT <input type="checkbox"/> Lower EXT <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Exercise-Treadmill (Claudication)	
<b>Stress Test</b>	<input type="checkbox"/> Venous Insufficiency (Varicose Veins) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	<input type="checkbox"/> Digital Exam-Pressures (Diabetic/Non-diabetic)
<input type="checkbox"/> Walking Stress Test (Regular)		<input type="checkbox"/> TCOP2
<input type="checkbox"/> Sestamibi Stress Test		<input type="checkbox"/> Dialysis Access Graft Exam
<input type="checkbox"/> Stress Echo		<input type="checkbox"/> Raynauds (Cold/Pain)
<b>Chemical Stress Test (non-walking)</b>	<input type="checkbox"/> Thoracic Outlet Syndrome	<input type="checkbox"/> Arterial Duplex Imaging <input type="checkbox"/> Upper EXT <input type="checkbox"/> Lower EXT <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Pseudoaneurysm <input type="checkbox"/> Popliteal Space <input type="checkbox"/> Renal Artery (Duplex) <input type="checkbox"/> Aorta <input type="checkbox"/> Mesenteric <input type="checkbox"/> Other: _____
<input type="checkbox"/> Pharmacological Sestamibi Stress Test		
<input type="checkbox"/> Dobutamine Stress Echo		
<b>Echo</b>		
<input type="checkbox"/> Echo 2D Complete Adult		
<input type="checkbox"/> Echo 2D Limited Adult		
<input type="checkbox"/> Transesophageal, TEE		
<input type="checkbox"/> Follow-up limited Echo with contrast		
<input type="checkbox"/> Contrast if indicated per protocol		
<b>Cath Lab</b>		
<input type="checkbox"/> Device implant/change		
<input type="checkbox"/> Cardiac Cath		
<input type="checkbox"/> Angio		

- Patient Steps: 1) Call our designated phone extension (603.740.2493) to pre-register.  
 2) You must bring this form to the hospital the day of your appointment.  
 3) Your insurance card must be presented at the time of your registration.

Wentworth-Douglass Hospital  
 CARDIOLOGY  
**REQUEST FOR CARDIOVASCULAR SERVICES**



CI0130

7031-64MR  
 Rev. 09/12/18

## Request for Cardiovascular Services Patient Preparation Instructions

**EXAM, PREPS, AND APPROXIMATE EXAM TIMES: ANY QUESTIONS CALL 603.740.2121**

### **Sestamibi Stress Test**

- Bring a list of medications with you, dosage(s), and how often you take them.
- Do not eat or drink 4 hours prior to test. (You may drink water.)
- Do not have coffee, tea, caffeinated soft drinks, chocolate milk, hot chocolate, or alcohol 24 hours prior to exam.
- Do not take any of the following medications 24 hours prior to your exam: Toprol (metoprolol succinate), Tenormin (atenolol), Lopressor (metoprolol), Inderal (propranolol HCL), Corgard (nadolol), Coreg (carvedilol), Tiazac (diltiazem HCL), Cardizem (diltiazem HCL), Betoptic Eyedrops (betaxolol HCL), Amiodarone (cordarone), or Betapace (sotalol) unless the physician instructs you to take them.
- Wear walking shoes and a two piece outfit with a loose fitting shirt. Do not wear an underwire bra or a shirt with metal in it.
- Expect to spend approximately 3–4 hours at the hospital.
- Please let us know in advance if you are unable to lift your left arm over your head or you have pain in your shoulder.

### **Persantine/Adenosine & Dobutamine Sestamibi Stress Test**

- Prep same as above; disregard walking shoes. Hold Theophylline meds for 24 hours prior to test.
- No Beta-blockers 48 hrs prior for Dobutamine Sestamibi Stress Test.

### **Regular Treadmill Test, Stress Echo**

- Bring a list of medications with you, dosage(s), and how often you take them.
- Eat a light breakfast or lunch at least 2 hours prior to test (i.e. juice, toast, cereal).
- Do not have coffee, tea, caffeinated soft drinks, or alcohol.
- Do not take any of the following medications 24 hours prior to your exam: Toprol (metoprolol succinate), Tenormin (atenolol), Lopressor (metoprolol), Inderal (propranolol HCL), Corgard (nadolol), Coreg (carvedilol), Tiazac (diltiazem HCL), Cardizem (diltiazem HCL), Betoptic Eyedrops (betaxolol HCL), Amiodarone (cordarone), or Betapace (sotalol) unless the physician instructs you to take them.
- Wear walking shoes and a two piece outfit with a loose fitting shirt.
- Expect to spend approximately 1–2 hours at the hospital.

### **Dobutamine Stress Echo**

- Prep same as above. In addition, no Beta-blockers 48 hrs prior to test.

### **EKG, Holter Monitor, 30 Day Event Monitor**

- EKG and Holter Monitor require no preparation. Expect to spend approximately 20 minutes at the hospital.

### **Echocardiogram**

- No preparation required. Expect to spend approximately 45 minutes to 1 hour at the hospital.

### **TEE (Transesophageal Echo)**

- No food or drink after midnight the night before your exam.
  - Bring a list of medications with you, your dosage, and how often you take them.
  - Take medication as normal; you may take medications with a sip of water.
  - You will need to have a ride home. Expect to spend approximately 1.5 to 2 hours at the hospital.
- \*If you are diabetic, ask your doctor how much medication you should take the morning of the test.

### **Vascular Studies**

- Please bring a list of medications you are currently taking.
- If you are having an exercise exam, please wear comfortable clothing and walking shoes.
- Expect to spend approximately 1 hour, per exam, at the hospital.
- For Renal Duplex, patient must be NPO for 6–8 hours. A Heart Care Center nurse will contact patient for additional prep instructions.

**\*\*Note: All times are approximate\*\***

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