



Tacoma Office
Scheduling: (253) 572-7320
Fax: (253) 627-1572

Puyallup office
Scheduling: (253) 841-4347
Fax: (253) 845-4948

Lakewood Office
Scheduling: (253) 588-7778
Fax: (253) 845-4948

Gig Harbor Office
Scheduling: (253) 851-0404
Fax: (253) 627-1572

Patient's Name _____ DOB _____

Patient's phone _____ Address _____

Referring Physician _____ Phone _____ Fax _____

Insurance _____ HMO PPO Policy/Group # _____

Patient Height _____ Patient Weight _____ Allergies _____

In order to better serve your patients please send a recent progress note, complete medication list, and any available labwork and ekgs along with this referral form.

All tests ordered must have appropriate symptoms and diagnosis.

Please select from the attached diagnosis code or codes for greater specificity.

Consultation

Treadmill

Cardiac Indication _____ ICD-9 CODE(S) _____

Nuclear Stress Imaging

Treadmill On Medication
For patients with known CAD

Adenosine
For patients with LBBB or needing to stay on beta blockers
Discontinue xanthine based meds and theophylline/aminophylline meds for 48 hours

Treadmill Off Medication
Discontinue beta blockers 48 hours and calcium channel blockers 24 hours prior

Dobutamine
For patients with severe asthma
Discontinue beta blockers for 48 hours prior
Discontinue calcium channel blockers 24 hours prior

Pharmacological Stress should be ordered for patients unable to reach 85% target heart rate during exercise and/or patients with LBBB

Nuclear Indications

____ 794.31 Abnormal EKG
____ 786.05 Shortness of Breath
____ 786.50 Chest Pain

____ 794.30 Abnormal Cardio-vascular function test.
____ 427.31 Atrial Fibrillation
____ 428.0 Congestive Heart Failure

____ 427.0 PSVT
____ 412.0 Old Myocardial Infarction
____ 425.4 Cardiomyopathy

Other Cardiac Disease _____ ICD-9 CODE(S) _____

All instructions for Nuclear Imaging can be found on the back side of this form.

Diagnostic Ultrasound

Echocardiogram

Vascular US: ABI, Renal, Carotid

Stress Echocardiography

Treadmill On Medication
For patients with known CAD

Dobutamine Stress On Medication
For patients with known CAD

Treadmill Off Medication
Discontinue Beta Blockers 48 hours prior
Discontinue Calcium Channel Blockers 24 hours prior

Dobutamine Stress Off Medication
Discontinue Beta Blockers 48 hours prior
Discontinue Calcium Channel Blockers 24 hours prior

Dobutamine Stress should be ordered for patients unable to reach 85% target heart rate during exercise and with or without an abnormal EKG. If a patient weighs over 300 pounds, a Dobutamine Stress Echocardiogram should be ordered.

Ultrasound Indications

____ 401.9 Hypertension
____ 416.0 Pulmonary Hypertension
____ 785.1 Palpitations
____ 786.05 Shortness of Breath

____ 780.2 Syncope
____ 786.50 Chest Pain
____ 785.2 Murmur
____ 785.9 Bruit

____ 424.0 Mitral Valve Prolapse
____ 434.91 CVA/TIA
____ 428.0 Congestive Heart Failure

Other Cardiac Disease _____ ICD-9 CODE(S) _____

All instructions for Diagnostic Ultrasound can be found on the back side of this form.

_____ M.D./A.R.N.P Date _____

Nuclear Stress Imaging

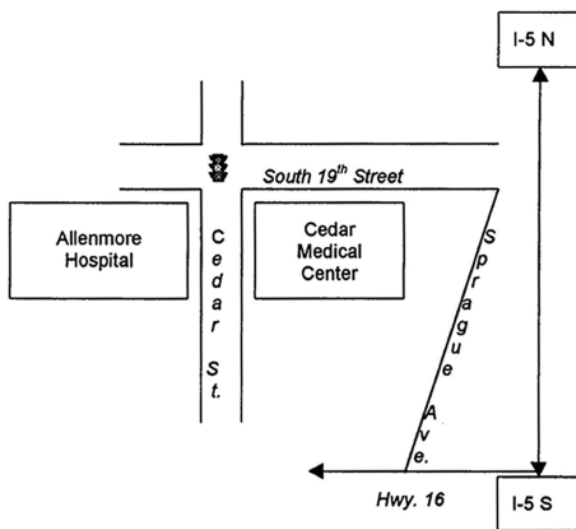
- **NO CAFFEINE**, including decaffeinated products, for 24 hours prior to your test. This includes coffee, tea, cola's, chocolate and medications that contain caffeine such as Excedrine and No-Doze.
- **NO FOOD OR DRINK** 4 hours prior to your test. If you are diabetic, no food or drink 2 hours prior to your test. If you are diabetic, please bring a light snack. There will be an opportunity to eat during this test.
- This test takes between 3 and 4 hours to complete. Should you be a two day study, it will take 2-3 hours **EACH** day to complete the test.
- If you are asked to hold your medications for one of the tests, hold your beta blockers 48 hours, Atenolol 72 hours, and channel blockers 24 hours, Verapamil 48 hours, prior to your test.

Stress Echocardiography

These instructions pertain to Stress and Dobutamine Echocardiograms.

Resting Echocardiograms and Carotid Ultrasounds do not have specific instructions.

- **NO CAFFEINE**, including decaffeinated products, 24 hours prior to this test. This includes coffee, tea, cola's, chocolate, and medications that contain caffeine such as Excedrin and No-Doze.
- **NO FOOD OR DRINK** 2 hours prior to your test.
- If you are asked to hold your medications for one of the tests, hold your beta blockers 48 hours, Atenolol 72 hours, and calcium channel blockers 24 hours, Verapamil 48 hours, prior to your test.



Directions to Tacoma

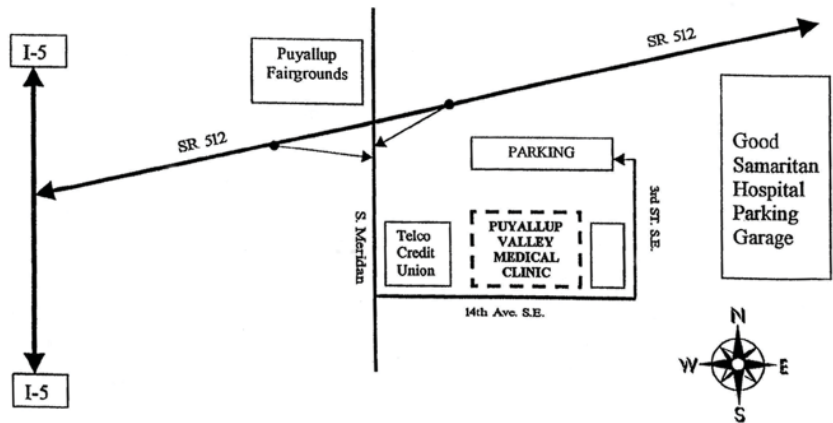
Cedar Medical Center
1901 South Cedar, Suite 301
Tacoma, WA 98405

•From I-5

Take the Gig Harbor/Bremerton Exit (Hwy 16)
Exit at Sprague Ave.
Turn left on 19th St.
Follow 19th St. west to the second light (Cedar St.)
Cedar Medical Center is on the left side of
19th St. just before the stop light

•From Gig Harbor

Take Hwy 16 (east bound)
Take the Sprague Ave. exit
Follow the above directions



Directions to Puyallup

Puyallup Valley Medical Clinic
1322 3rd St. SE Suite 330
Puyallup, WA 98371

•From I-5

Take SR 512 exit (Puyallup east bound)
Take the S. Meridian exit (Puyallup Fairgrounds)
Turn right on S. Meridian and make an immediate
left on 14th
Go up the hill and make a left on 3rd St. (next to Good
Samaritan Hospital parking garage)
Turn left into "Puyallup Valley Medical Clinic" parking lot
Go to "MAIN ENTRANCE," the office occupies the whole
third floor of the clinic.

•From Hwy 167

Take Hwy 167 south bound to Hwy 512 east bound
Take the S. Meridian exit (Puyallup Fairgrounds)
Take a left on S. Meridian and make a left onto 14th
Follow the above directions

For directions to all other office locations, please call the corresponding telephone number to the office you would like directions to.