THE HEART CENTER OF NORTH TEXAS

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Patient Order Form

Patient Name:	DOB:	New/Established Pt? (Circle one)	Today's Date:
Referring Physician:	Phone:	Fax:	
Reason for Referral:			
Primary Insurance (Name & number):	Secondary Insurance (Name & number):		
Preauthorization Information:			

Service Requested	Apt. Priority	Indications/Reason(s) for Referral	
☐ Office Consultation ☐ New Patient ☐ Established Patient ☐ Surgical Clearance	☐ Today ☐ 24-48 hours ☐ Within 1 Week ☐ First Available	☐ Abnormal EKG ☐ Angina ☐ Atrial Fibrillation/Flutter ☐ Chest Pain ☐ Dizziness ☐ Dyspnea/Shortness of Breath ☐ Heart Murmur	☐ Mitral Valve Disease ☐ Mitral Stenosis ☐ Palpitations ☐ Syncope ☐ Tachycardia ☐ Other: _____ ☐ Other: _____

☐ Holter Monitor	☐ Abnormal EKG ☐ Arrhythmia ☐ ASHD ☐ Atrial Fib. ☐ Atrial Flutter	☐ Bradychardia ☐ Cardiomegaly ☐ Cardiomyopathy ☐ Mitral Valve Dis. ☐ Palpitations	☐ Premature Beats ☐ PVC's ☐ Syncope ☐ Tachycardia ☐ Ventricular Fib.	☐ Ventricular Flutter ☐ Other: _____ ☐ Other: _____ ☐ Other: _____ ☐ Other: _____

☐ Echocardiogram	☐ Aortic Valve Disorder ☐ Atrial Fibrillation/Flutter ☐ Cardiac Dysrhythmia ☐ Cardiomyopathy ☐ Chest Pain ☐ Coronary Artery Disease ☐ Fever	☐ Heart Failure ☐ Left Ventricular Hypertrophy ☐ Murmur ☐ Mitral Valve Disorder ☐ Near Syncope/Syncope ☐ Orthostatic Hypotension ☐ Pre-Chemotherapy	☐ PVC's ☐ Shortness of Breath ☐ SVT ☐ TIA/Stroke ☐ Other: _____ ☐ Other: _____ ☐ Other: _____

☐ Carotid Doppler ☐ Arterial Doppler ☐ Lower Ext ☐ Upper Ext ☐ ☐ Both ☐ Venous Doppler ☐ Lower Ext ☐ Upper Ext ☐ ☐ Both	☐ Aneurysm ☐ Atherosclerosis ☐ Bruits ☐ Carotid Artery Disease ☐ Claudication/PVD ☐ Chest Pressure ☐ DVT ☐ Edema ☐ Injury to Blood Vessels	☐ Limb Swelling ☐ Leg/Foot Pain ☐ Stroke ☐ TIA ☐ Thrombophlebitis/Phlebitis ☐ Varicose Veins ☐ Venous Insufficiency ☐ Other: _____ ☐ Other: _____

☐ Exercise Treadmill (EKG only) ☐ Exercise Nuclear Stress ☐ Adenosine Nuclear Stress	☐ Abnormal EKG ☐ Angina ☐ Chest Pain ☐ Coronary Artery Disease ☐ Heart Failure ☐ Fever ☐ Old Myocardial Infarction	☐ Pre-Op/Surgical Clearance ☐ Mitral Valve Disorder ☐ Near Syncope/Syncope ☐ Shortness of Breath ☐ Other: _____ ☐ Other: _____ ☐ Other: _____

☐ MUGA SCAN	☐ Pre-Chemotherapy ☐ Other: _____	☐ Other: _____ ☐ Other: _____