National Jewish Health
Science Transforming Life®

Adult (18 yrs and older) Cardiology Order Form

for Physicians Outside of NJH

For Questions call:
Cardiology Testing
1400 Jackson St, Denver, CO 80206
303-270-2670

Scheduling 303-398-1355 Fax 303-270-2153

Important: Fax a demographic face sheet and office visit note along with this order.

Patient Name: **DOB:**

Home Phone: **Cell/Work Phone:**

Indications for studies:

Ordering Physician: **Signature:**

Contact Name/Phone: **Fax:**

☐ **Cardiologist may extend or modify this test without my prior notification unless checked.**
(Note if box is marked, modifications to the test may be made only with the consent of the ordering physician.)

Echocardiography, ECG, and Monitoring

☐ **Echocardiogram Routine**
☐ **Echo Agitated Saline**
☐ **ECG - 12 Lead**
☐ **Signal-Averaged ECG & ECG 12 Lead**
☐ **Holter Monitor** ____ 24hr ____48hr
☐ **Ambulatory Blood Pressure Monitor (24 hr)**
Desired HTN limits of test 140/90 or _____

(Ultrasound contrast Echo will be performed only if determined necessary by the cardiologist)

Stress Testing

Stress tests will not be scheduled or performed if this form is not completed

Basic Patient Information:

Resting ECG: Normal Abnormal Unknown

Pacemaker / ICD: Y / N *If ICD, what is VT rate? _____

Is the patient currently taking any of the following medications:

☐ Beta Blockers, ☐ Calcium Channel Blocker, ☐ Anti-arrhythmic, ☐ Angiotensin II Receptor Blockers
☐ ACE inhibitors, ☐ Cholesterol Medication, ☐ Anticoagulants, ☐ Infectious Precautions

Beta blocker and Calcium channel blocker may be held for testing unless otherwise specified

Cardiac Risk Factors:

☐ Hypertension ☐ Diabetes ☐ Tobacco ☐ Elevated Cholesterol
☐ Family Hx CAD ☐ Sedentary Lifestyle ☐ Obesity

☐ **Exercise Stress Test**
(Treadmill with Ramp Protocol unless specified otherwise)

☐ **Stress Echo - Agitated Saline (Shunt)** with Treadmill

☐ **Stress Echo - Ischemia** with mode ___Treadmill, ___Dobutamine*
(For Ischemia Stress Echo, ultrasound contrast will be used if clinically indicated unless specified otherwise)

☐ **Nuclear Stress Treadmill Exercise Test**
(2 day protocol unless specified otherwise)

☐ **Nuclear Stress Pharmacologic Test**
__Regadenoson*(Lexiscan) ***Preferred**** ___ Dobutamine*

Please use the PPS Order Form to Order Cardiopulmonary Stress Testing

Additional info:

* The following medication may be given per policy:

Albuterol Nebulizer 2.5 mg in 3 ml NS PRN
Dobutamine 500mg/250ml D5W @ 2.5-50 mcg/kg/min IV
Regadenoson 0.4mg give IV push
Dipyridamole 0.57 mg/kg given IV over 4-6 min.
Atropine 0.25-0.5mg IVP PRN
Aminophylline 50-125 mg IVP PRN
Diphenhydramine 50 mg IVP PRN