



## Cardiac Evaluation Request Form

Dallas (Medical City Hospital) Clinic

Date of Request: \_\_\_\_\_ Reason for Testing/Consult: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Ref. Phone: \_\_\_\_\_ Ref. Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Pt. DOB: \_\_\_\_\_

Pt. Home Phone: \_\_\_\_\_ Pt. Day Phone: \_\_\_\_\_ Consult Only?  Consult/Testing?

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**HeartPlace Cardiologists**  
Fax To: 844-290-4358

**HeartPlace Electrophysiologists**  
Fax To: 844-289-7691

- Dr. Sadi Raza, NPI: 1144417569
- Dr. Rick Snyder, NPI: 1821046582

- Dr. Segun Oyenuga, NPI: 1033300074

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**Echo/Stress Testing:**

- Resting Echocardiogram
- Treadmill Stress Echocardiogram
- Dobutamine Stress Echocardiogram
- Exercise Treadmill Test (ETT)

**Vascular Testing:**

- Carotid Artery Duplex
- Lower Extremity Arterial Duplex
- Lower Extremity Venous Duplex
- Abdominal Aorta Duplex (AAA)
- Ankle-Brachial Index (ABI)

**Nuclear Testing (Patient's Weight: \_\_\_\_\_):**

- Nuclear Treadmill Perfusion Study (MPI)
- Lexiscan Nuclear Perfusion Study (MPI)
- Dobutamine Nuclear Perfusion Study (MPI)
- MUGA Study

**Arrhythmia Detection:**

- Holter Monitor (24 Hour)
- Event Monitor (30 Day)
- Electrocardiogram (ECG/EKG)

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**\*Our office will contact the patient and notify your office of the date and time of the appointment.**

**Thank you for choosing HeartPlace for your cardiology needs.**