



Request for Non-Invasive Cardiology Evaluation (Stress Testing/Nuclear Cardiology)

Telephone: (860) 545-5517 or (860) 545-5571

Fax: (860) 545-5631

Name: _____
Last First

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____

DOB: _____ / _____ / _____

Date Exam Requested _____ / _____ / _____

Height _____ ' _____ " Weight _____ lbs

Nuclear Cardiology

- Exercise Myocardial Perfusion Study
- Low-Level Exercise Myocardial Perfusion Study
- Vasodilator Myocardial Perfusion Study
- Vasodilator w/ Exercise Myocardial Perfusion Study
- Dobutamine Myocardial Perfusion Study
- Rest Myocardial Perfusion Study

Stress Laboratory

- Exercise Tolerance Test
- Modified Low – Level Exercise Tolerance Test
- Cardiopulmonary Exercise Test (MVO₂)

Cardiac PET

- PET Perfusion (Rb82) Study
- FDG Myocardial Viability Study
- FDG Cardiac Sarcoid

Other

- Gated Blood Pool Study (RVG, MUGA)
- Cardiac Shunt Study
- Rest-Redistribution Thallium Study
- Pyrophosphate Study

Selection of Stress Modality is at the discretion of the Stress Lab Physician unless otherwise indicated below.

Reason For Request/Clinical Indications: _____

Out-patient Office Use Only

- Avon Glastonbury
- Retreat BBS
- Other: _____
- Insurance: _____
- ID #: _____
- SS#: _____
- PCP: _____
- Test Date: _____ / _____ / _____
- Test Time: _____ : _____ am pm

Requesting Physician:

- Signature: _____
- Date: _____ / _____ / _____ Time: _____ : _____ am pm
- Print Name: _____
- Beeper / Phone: _____
- CC: _____
- CC: _____
- Insurance Pre-Authorization: _____