

CARDIOLOGY REQUEST FORM



PLEASE BRING THIS FORM WITH YOU WHEN ATTENDING YOUR APPOINTMENT

FAILURE TO DO SO MAY LEAD TO DELAYS OR CANCELLATION

Telephone 020 7460 5756/5

Appointment			Patient Details Place sticker here		
Date:		Time:	Name		
Referring Consultant/ GP:			DOB		
Report / CD to:			Hospital No	Sex	M F
TEST INDICATION			DIAGNOSIS		
Code	<input type="checkbox"/>	Test	Code	<input type="checkbox"/>	Tests performed by Echo Consultant
540101		ECG	547043		3D ECHO
540705		REAL TIME ECHO DOPPLER	546245		BUBBLE ECHO
547039		24HR BLOOD PRESSURE MONITOR	540225		CONTRAST ECHO
540707		ZIO PATCH - 2 WEEKS	542010		DOBUTAMINE STRESS ECHO
540104		24HR HOLTER MONITOR	542020		TREADMILL STRESS ECHO
540505		48HR HOLTER MONITOR	540334		CONTRAST VIAL(S)
540515		72HR HOLTER MONITOR	542050		PAEDIATRIC ECHO
547042		7 DAY HOLTER MONITOR	Code	<input type="checkbox"/>	Tilt Testing
547050		BIVENTRICULAR DEFIB (CRTD) CHECK	540227		WITH CSM (Carotid sinus massage) -if patient is > 40 yrs with no CSM contraindications
547049		BIVENTRICULAR PACEMAKER (CRTP) CHECK			
547048		DUAL CHAMBER ICD (DR ICD)CHECK	540228		MINUS CSM (Carotid sinus massage) -if patient is < 40yrs or -if patient is > 40yrs with CSM contraindications
547047		SINGLE CHAMBER ICD (VR ICD) CHECK			
540704		SINGLE CHAMBER PACEMAKER CHECK	Pis note that all non -Cardiologist/Neurologist referrals for Tilt Testing should also have a 48hr Holter (540505) and ECG (540101) as part of a "syncope Assessment"		
540754		DUAL CHAMBER PACEMAKER CHECK			
540046		IMPLANTABLE LOOP RECORDER (ILR) CHECK			
547051		BIVENTRICULAR OP TIMISATION	*By ticking codes 540227/540228, you are authorising the administration of sub-lingual nitrates		
RELEVANT MEDICATION			HAVE YOU DISCUSSED THESE TESTS WITH THE PATIENT?		
			Yes / No		
ADDITIONAL INFORMATION			AUTHORISING SIGNATURE of Referring Dr: (test will not be performed if left blank)		
			Date:		