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 **Clinical working hours:** 9.30am to 7.30pm

Appointment	Patient Details	Place s	ticker hei	re
Date:	Name			
Referring Consultant/ GP:	DOB			
Report to:	Hospital No	Sex	М	F

TEST INDICATION/DIAGNOSIS

Code	~	Test	Code	~	Tests performed by Echo Consultant					
540101		ECG	547043		3D ECHO					
540705		REAL TIME ECHO DOPPLER (echocardiogram)	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	~	Tilt Testing					
547050		BIVENTRICULAR DEFIB (CRTD) CHECK			WITH CSM (Carotid sinus massage)					
547049		BIVENTRICULAR PACEMAKER (CRTP) CHECK	540227		-if patient is > 40 yrs with no CSM contraindications					
547048		DUAL CHAMBER ICD (DR ICD)CHECK	5.40000		MINUS CSM (Carotid sinus massage) -if patient is < 40yrs or -if patient is > 40yrs with CSM contraindication					
547047		SINGLE CHAMBER ICD (VR ICD) CHECK	540228							
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							
RELEVANT MEDICATION		administration of sub-lingual nitrates HAVE YOU DISCUSSED THESE TESTS WITH THE PATIENT? Yes / No								
						ADDITIONAL INFORMATION		AUTHORISING SIGNATURE of Referring Dr: (test will not be p erformed if left blank)		
									Date:	