



ROANOKE HEART INSTITUTE PLC

CONSULTATION/PROCEDURE REQUEST FORM

John F. Schmedtje Jr., MD, MPH, FACC

201 McClanahan Street, SW
Roanoke, Virginia 24014

PHONE (540) 981-2105
FAX (540) 981-1786

Patient Name: _____

Date of Birth (month/day/year): _____ Today's Date: _____

ID Number: _____ Patient Street Address: _____

Patient Phone Number: _____ Patient City, State and Zip: _____

Insurance / Authorization: _____

CONSULTATION

- Outpatient consultation within 2 weeks
- Outpatient consultation within 2 days
- Outpatient consultation/procedure today (provider should speak with Dr. Schmedtje)
- Outpatient follow-up needed: _____

ULTRASOUND

- Resting Echo (with 2-D / Color / Dopp)
- Transesophageal Echocardiogram
- Exercise Stress Echocardiography
- Pharmacological Stress Echocardiography
- Carotid Doppler (Extracranial Cerebrovascular Ultrasound)

ELECTROCARDIOGRAPHY

- Resting Electrocardiogram (12-lead)
- Event Recorder (Loop monitor)
- Holter Monitor
- Exercise Stress Electrocardiography

NUCLEAR CARDIOLOGY

Female reproductive potential? (yes/no): _____ Weight: _____ Height: _____

- MUGA: Gated Radionuclide Ventriculography
- Myocardial Perfusion Imaging ("Cardiolite") with Exercise
- Myocardial Perfusion Imaging ("Cardiolite") with
Pharmacological Stress

HOSPITAL MODALITIES

- Coronary Arteriography – Cardiac CT
- Cardiac Magnetic Resonance Imaging

Diagnoses/Reasons for Request: _____

Requesting Provider Signature: _____

Requesting Provider Name: _____

Requesting Office Telephone: _____ Requesting Office Fax: _____

Appointment Date and Time: _____

Requesting Practice notified: Date _____ Time _____ Initials _____
334235

Patient notified: Date _____ Time _____ Initials _____