



ROANOKE HEART INSTITUTE PLC

CONSULTATION/PROCEDURE REQUEST FORM

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

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Roanoke, VA 24014

Phone (540) 981-2105
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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 1 week
- Outpatient consultation/procedure today (provider should speak with Dr. Schmedtje)
- Outpatient follow-up needed: _____

ULTRASOUND

- Complete Echo (with 2-D/Color/Dopp)
- Carotid Doppler

ELECTROCARDIOGRAPHY

- Resting Electrocardiogram (12-Lead ECG)
- ZIO 14-day Holter-type monitor -
(with event record)

Due to COVID-19 aerosol precaution guidelines, exercise testing is not performed at this time.

NUCLEAR IMAGING: CARDIOLOGY

*Weight: _____ *Height: _____

- MUGA: Gated Radionuclide Ventriculography
- Thallium Rest and Redistribution / Viability
- 99mTechnetium-Pyrophosphate (99mTc-PYP) Cardiac Imaging for ATTR Amyloidosis
- Pharmacological (Regadenoson/"Lexiscan") Stress Test with Technetium (99mTc) sestamibi

CT AND MRI TESTS

- Coronary Arteriography-Cardiac CT
- Cardiac Magnetic Resonance Imaging

Diagnosis/Reasons for Request: _____

Requesting Provider Signature: _____

Requesting Provider Name: _____

Requesting Office Phone: _____ Requesting Office Fax: _____

Appointment Date and Time: _____

Requesting Practice notified: Date/Time/Initials _____

Patient notified: Date/Time/Initials _____