Colorado Heart & Vascular
Professionalism Taken to Heart


Nima Aghili, M.D.
Ahmad Alqaqa'a (Q), M.D.
Abdallah Bitar, M.D.
John D. Altman, M.D.
Jim Beckmann, M.D.
Norman A. Gray, M.D.
David Halpin, M.D.
Takeshi Kataoka, M.D.
Lawrence D. Lazar, M.D.
David A. Liff, M.D.
Michael J. Ptasnik, M.D.
Layth Saleh, M.D.
Kristin L. Thanavaro, M.D.
Federico G Trobo, M.D.
Ganesh Venkataraman, M.D.
Lindsey Beverly, PA-C
Stephanie Davison, PA-C
Tim Covi, PA-C
William Fuller, PA-C
Megan Punt, PA-C
Fe Bernardo, NP-C
Kim Reimer, NP-C


# REQUESTING PHYSICIAN ORDER FORM: E-FAX TO: 303-845-8579

Date_____

Referring Physician _____ Signature_____

Patient Name _____

Patient Date of Birth _____

Patient Phone _____

**Please fax and or call any of our office locations with Emergent or Urgent Requests**

**PLEASE INCLUDE A COPY OF THE PATIENT'S DEMOGRAPHICS, INSURANCE CARD AND ALL PERTINENT OFFICE NOTES**

## LOCATIONS

_____**St. Anthony's Hospital** 11700 W. 2nd Place, Suite 350 Lakewood, CO 80228 **303.595.2727**
_____**St. Anthony's North Hospital** 14300 Orchard Parkway, Second Floor, POD 3, Westminster CO, 80023 **303.426.1717**
_____**Avista Hospital** 90 Health Park Drive, Suite 190, Louisville, CO 80027 **303.595.2727**
_____**Longmont United Hospital** 2030 Mountain View Ave., Suite 300, Longmont, CO 80501 **303.595.2727**

## CARDIOLOGY CONSULTATION

_____ New Patient Consultation
_____ EP Consult
_____ Peripheral Vascular Consult
_____ Pre-Op Evaluation
_____ Follow-up Visit
_____ Pacemaker/ICD Follow-up

## DIAGNOSTIC TESTING

_____ Exercise Treadmill Test (ETT)

_____ Echocardiogram
_____ Echocardiogram with Bubble Study
_____ Stress Echocardiogram

NUCLEAR PERFUSION STRESS TEST
_____ Exercise
_____ Pharmacologic (Lexiscan)

ULTRASOUND
_____ Abdominal Aorta
_____ Carotid Artery
_____ Renal Artery
_____ Lower Extremity Arterial Duplex
_____ Lower Extremity Venous Reflux

HOLTER/EVENT MONITORING
_____ 24 HOUR Holter Monitor
_____ 30 Day Event Monitor

## DIAGNOSIS CODES

Please check all that apply

_____ Abnormal ECG
_____ Arrhythmias
_____ Atrial Fibrillation
_____ Atrial Flutter
_____ CAD (Coronary Artery Disease)
_____ Cardiomyopathy
_____ Chest Pain
_____ Congenital Heart Disease
_____ Congestive Heart Failure
_____ Family History (of other Cardiovascular Disease)
_____ Hypertension
_____ Lipid Management
_____ Murmur
_____ Pacer/ICD
_____ Palpitations
_____ Pre-op Cardiovascular Exam
_____ Shortness of Breath/Dyspnea
_____ Syncope and Near Syncope
_____ Tachycardia/SVT
_____ Valve Disorders
_____ Venous Insufficiency
_____ PAD (Peripheral Artery Disease)

_____ Other _____