

# HEARTPLACE PLANO

www.heartplace.com

3801 W. 15<sup>th</sup> St. Building B, Suite 320  
Plano, Texas 75075  
Office 972.985.8838 | Fax 844.292.1457

## PLEASE INCLUDE PATIENT CONTACT INFORMATION AND DEMOGRAPHICS

### **Please Contact Our Patient**

#### **STRESS TESTING**

- Exercise EKG Stress Test
- Exercise Stress Echocardiogram
- Dobutamine Stress Echocardiogram

#### **NUCLEAR CARDIOLOGY**

- Exercise Nuclear Stress Test
- Pharmacologic Nuclear Stress Test (Lexiscan)

#### **CARDIAC IMAGING**

- Transthoracic Echocardiography
- Transesophageal Echocardiography
- Cardiac / Coronary CT (Computed Tomography)

#### **NEW PATIENT GENERAL CONSULTATION**

- FIRST AVAILABLE**
- TIMOTHY D. DAO, MD, FACC
- JOHN W. DUNCAN, MD
- ARJUN NAIR, MD
- RIKESH PATEL, MD, FACC
- MARC S. PIENIEK, MD, FACC
- GAUTAM B. REDDY, MD, MS, FACC, FSCAI

#### **NEW PATIENT ELECTROPHYSIOLOGY CONSULTATION**

- RAJ ABROL, MD
- Olusegun Oyenuga, MD, FACC, FHRS

Reason for Referral / Additional History: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Alternate: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

***Please fax this order to our office along with patient demographics, recent office note(s), and relevant data (EKG, labs, etc.).***

**FAX TO 844.292.1457**

Drs. Dao, Duncan, Nair, Patel, Pieniek, Reddy

**FAX TO 972.341.3403**

Dr. Abrol

**FAX TO 844.289.7691**

Dr. Olusegun Oyenuga

### **Patient Will Call For Appointment**

#### **ARRHYTHMIA DETECTION**

- Electrocardiogram (ECG)
- Holter Monitor: **24hr | 48hr**
- Event Monitor: **7 | 14 | 30 day**
- Pacemaker/Defibrillator Analysis

#### **VASCULAR TESTING**

- Carotid Artery Duplex
- Renal **and/or** Mesenteric Artery Duplex
- AAA Screen / Aorta Duplex Imaging
- Ankle Brachial Index (with Exercise)
- Non Invasive Flow Study (Segmental Pressures)
- Extremity Arterial Duplex *(please specify)*  
**(Upper / Lower) (L / R / BL)**
- Extremity Venous Duplex *(please specify)*  
**(Upper / Lower) (L / R / BL)**
- Venous Insufficiency Testing (lower extremities)

#### **NEW PATIENT VASCULAR CONSULTATION**

- FIRST AVAILABLE**
- TIMOTHY D. DAO, MD, FACC
- RIKESH PATEL, MD, FACC
- GAUTAM B. REDDY, MD, MS, FACC, FSCAI