

HEARTPLACE

www.heartplace.com

13192 Dallas Parkway, Suite 610, Frisco, TX 75034
Office 469-213-5969 | Fax 833-362-1209

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
- OWAIS M. IDRIS, MD
- TIMOTHY D. DAO, MD, FACC
- ARJUN NAIR, MD
- RIKESH PATEL, MD, FACC
- GAUTAM B. REDDY, MD, MS, FACC, FSCAI

Patient Will Call For Appointment

ARRHYTHMIA DETECTION

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

VASCULAR TESTING

- Carotoid 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

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). **Please fax to: 833-362-1209**