



Cardiac Evaluation Request

HeartPlace – Dallas
7777 Forest Lane
Suite A-341
Dallas, TX 75230
Phone: 972.566.5700

Please check the requested MD and service.

Date of Request: _____

Olusegun Oyenuga, M.D.

Fax to: 844.289.7691

Rick Snyder, M.D. Sadi Raza, M.D.

Fax to: 844.290.4358

Patient Name: _____ Date of Birth: _____

Hm Ph: _____ Day Ph: _____ Consult only? Consult/testing?

Referring MD: _____

Referring Phone: _____ Referring Fax: _____

Reason for testing or consult/diagnosis? _____

Echo/Stress Testing:

- Resting Echocardiogram
- Treadmill Stress Echocardiogram
- Dobutamine Stress Echocardiogram
- Exercise Treadmill Test (ETT)

Vascular Testing:

- Carotid Artery Duplex
- Lower Extremity **Arterial** Duplex
- Lower Extremity **Venous** Duplex
- Abdominal Aorta Duplex (AAA)
- Ankle Brachial Index (ABI)

Nuclear Testing (Patient's Weight - _____):

- Nuclear Treadmill Perfusion Study (MPI)
- Lexiscan Nuclear Perfusion Study (MPI)
- Dobutamine Nuclear Perfusion Study (MPI)
- MUGA Study

Arrhythmia Detection:

- Holter Monitor (24 hour)
- Event Monitor (30 day)
- Electrocardiogram (ECG/EKG)

***Our office will contact the patient and notify your office of the date and time of the appointment. Thank you for choosing HeartPlace for your cardiology needs.**