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OTHER LOCATIONS:

44-01 Francis Lewis Blvd.
Bayside, NY 11361
718.423.3355

23-18 31st Street
Astoria, NY 11105
718.777.7742

56-45 Main Street
Flushing, NY 11355
718.670.1234 (Consultations)
718.661.7400 (Arrhyth.Cntr.)

REFERRAL FORM

Patient Last Name	First Name	MI	DOB	AGE
Address	City	State	Zip	Gender ☐ Male ☐ Female
SS#	Pt. ID #	Patient Home Phone: Cell Phone:	Pt. Height	Pt. Weight
Primary Insurance	Member # -- I.D. #	Group #	Auth./Referral #: Date / Time:	
Member's Name	Member's DOB	Relationship to patient ☐ Self ☐ Spouse ☐ Child ☐ Other	Insurance Contact Name:	2nd Ins. Contact Name: If transferred
Secondary Insurance	Member # -- I.D. #	Group #	Auth./Referral #: Date / Time:	
Member's Name	Member's DOB	Relationship to patient ☐ Self ☐ Spouse ☐ Child ☐ Other	Insurance Contact Name:	2nd Ins. Contact Name: If transferred
Referring MD:	Address:	Phone #: Fax #:	☐ PRE-PROCED. CONSULT ☐ PROCEDURE ONLY	
REFERRED TO:				
☐ William J. Tenet, M.D.	☐ Martin M. Kay, M.D.	☐ Kaman Ng, M.D.	☐ Stylianos P. Papadakos, M.D.	☐ Ranjit Suri, M.D.
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PLEASE NOTE: 1) IF ORDERING A CT EXAM, INCLUDE RECENT (<6 MO.S) BUN/CREATININE.
2) RECENT PERTINENT TEST RESULTS (CATH, STRESS, ECHO) SHOULD ALSO BE SENT.

√	64-Slice CTA	√	CARDIOVASCULAR STRESS TESTING	√	ECHOCARDIOGRAM
	Head CTA		Stress Test (Exer./Pharm.) only – Non-Nuclear Non-Echo Stress		TTE--2D/M Mode
	Neck CTA – Carotid Arteries				Doppler-Spectral
	Chest CTA		**NUCLEAR STRESS TESTING**		Doppler-Color Flow
	Coronary CTA		Dual Isotope/Exercise Stress Test		
	Pelvis CTA		Dual Isotope/Adenosine Stress Test		**STRESS ECHOCARDIOGRAM**
	Upper Extremity CTA		Dual Isotope/Dobutamine Stress Test		Exercise/Dobutamine Stress Test
	Lower Extremity CTA				TTE / Spectral / Color Flow
	Abdomen CTA -- renals		**NON-INVASIVE VASCULAR TESTING**		
	Abdom. Aorta CTA with Runoff		Ankle Brachial Index (ABI)		**PERIPH. VASC. ULTRASOUND**
	Pulmonary Vein Mapping		Pulse Volume Recording (PVR)		Carotid Arterial Study
	Other CT (Specify) We can perform any CT exam.		PRESCRIBER SIGNATURE DATE		Abdominal Aorta Study

Instructions for use:
1. Please check off the Prescribed Procedure
2. MD must select a diagnosis (SEE BACK) associated with prescribed procedure and sign in the Prescriber Signature box.
3. Once all information is complete, **fax to 516-726-7580**
4. If patient is on-site, please provide a copy of the Patient Instructions
5. We will call the patient to schedule appointment after necessary information is received.

OFFICE USE ONLY
Pre-cert MD name:
Procedure date/time:
Pt questionnaire compl. by: ________________

☐ **SP** ☐**NC**

Important Instructions for the Patient Undergoing a Nuclear Stress Test:

1. For 24 hours prior to your test, please do not drink or eat any of the following, and do not take any of the medications listed below:
   - No coffee or tea (brewed, instant, iced or decaffeinated)
   - No colas or other soft drinks that contain caffeine, including those labeled, “caffeine-free”
   - No chocolates, including candies, frosting, cookies, pies, cocoa, and chocolate milk
   - No aspirin products that contain caffeine, such as Anacin and Excedrin
   - No Beta Blockers (Lopressor, Tenormin, Toprol XL, Coreg, Inderal LA).
   - No Calcium Channel Blockers (Verapamil, Cardizem, Tiazac)
   - No Persantine (dipyridamole), Trental
   - No theophylline containing products such as Constant-T, Primatene, Qubron, Slo-Phylline, or Theo-Dur.
   - If uncertain, call your pharmacist and ask if any of your medications contain caffeine, theophylline, or dipyridamole.
2. Do not eat, or smoke anything for 4 hours prior to your exam. You may drink water with your medication.
3. Wear loose, comfortable clothing and walking shoes or sneakers. Wear something appropriate for brisk exercise on a treadmill.
4. Do not apply any cream, lotions, or powder to your chest area on the day of your test.
5. Please bring a list of your medications.
6. It takes about 3 hours to complete the exam. There is a medically required wait between the different parts of the test. Please bring a book or newspaper to read. You may bring a lite snack to eat after the exercise portion of the procedure.
7. *Thallium is ordered individually for each patient. If you cannot keep your appointment, you must notify us at least 2 days in advance, so the medication can be cancelled.*

Important Instructions for the Patient Undergoing a 64-Slice CTA:

1. Do not eat for 4 hours prior to the appointment.
2. No caffeine after midnight--
   - no coffee or tea (brewed, instant, iced or decaffeinated)
   - no colas or other drinks that contain caffeine, including those labeled, “caffeine-free”
   - no chocolates, including candies, frosting, cookies, pies, cocoa, and chocolate milk
3. Please bring a list of your medications.
4. To perform this test, it is necessary for your heart rate to be at, or below, 60 beats/minute. You will be assessed upon arrival to determine the best way to achieve this. It may take up to an hour to reach the required heart rate. The test itself takes about 15 minutes. We observe you for ½ hour after the test. Please allow at least 2 hours for your appointment with us.