

A Med Practice

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CARDIOVASCULAR REFERRAL STUDIES

DATE: _____ RECORD NUMBER: _____

PATIENT NAME: _____

Dx. 1: _____ Dx. 3: _____ Dx. 5: _____ Dx. 7: _____ Dx. 9: _____ Dx. 11: _____
Dx. 2: _____ Dx. 4: _____ Dx. 6: _____ Dx. 8: _____ Dx. 10: _____ Dx. 12: _____

PROCEDURES & NON-INVASIVE STUDIES

- EKG
- 2D Echocardiogram, M Mode, with Color Flow Doppler,
- Stress Test
- Stress Echo
- Limited Echo
- Bilateral Arterial Doppler/Duplex Scan, upper or lower extremities.
- Bilateral Venous Doppler/Duplex Scan, upper or lower extremities
- Bilateral Carotid Doppler/Duplex/ Trans-cranial doppler
- Physiology testing
- Renal Doppler and Duplex Scan
- Abdominal Aorta Doppler and Duplex Scan
- Autonomic Nervous System Evaluation of both branches Sympathetic and Parasympathetic,
- Arterial Stiffness and microcirculation
- Holter x 24 hours
- Cardiac Event Monitoring
- ABPM
- ABI 3 Levels
- ABI with exercise
- ABI
- Musculoskeletal Ultrasound _____ joint

Others:



Physician Signature and Date