



The Ohio State University Medical Center
OSU Electrophysiology Program Referral
PATIENT SCHEDULING/REFERRAL FORM

FAX TO: (614) 293-6114
For all Scheduling Needs: (614) 293-ROSS (7677) or (888) 293-ROSS (7677)

FOR EP SCHEDULING ONLY. Please do not use this form for non-cardiac referrals

Priority for Scheduling Patient: [ ] 1-2 Days [ ] 3-5 Days [ ] 6-10 Days

PATIENT INFORMATION:

ADDITIONAL INFORMATION:

[ ] Face Sheet and Copy of Insurance Card attached in place of demographics below

Name:
DOB: SS#:
Address:
City: State: Zip:
Phone: (H) (W)
Height: Weight:
Clinical Reason for Study:
CPT: ICD-9:

Insurance Carrier Name:
Policy #:
Group #:
Claims Filing Address:
Benefits Phone #:
Employer:
Referring Physician:
Referring Phone:
PCP:
PCP Phone:

Ordering Physician:

Signature Date

Diagnostic Imaging

- Cardiac
[ ] Complete Echocardiogram
[ ] Limited Echocardiogram (2D image only)
[ ] Exercise Stress Echocardiogram
[ ] Dobutamine Stress Echocardiogram
[ ] Exercise (EKG) Treadmill (no imaging)
[ ] Cardiac MRI
[ ] Transesophageal Echo

Nuclear Medicine - Cardiology
Myocardial Perfusion Imaging (MPI)- sestamibi

- [ ] REST only
[ ] REST and STRESS -treadmill
[ ] REST and STRESS - pharmacologic
Dipyridamole -OSUMC

Myocardial Viability - 201 THALLIUM

- [ ] REST and 6 hr REDISTRIBUTION
[ ] REST and 24hr REDISTRIBUTION

Gated Blood Pool - MUGA

- [ ] REST Muga
[ ] STRESS Muga

Cardiac PET - F18 FDG myocardial viability

MUST REFER to PET REQUEST

\*\* call PET scheduling at 614/293-6920

Office Visit (Consultation, EKG)

- [ ] Physician Requested:
[ ] Next Available
[ ] Device Clinic

Electrophysiology Department

- [ ] Electrophysiology Study
[ ] Radiofrequency Ablation
[ ] Device Implant Please Circle: Pacemaker or AICD
[ ] ICD Check: (DFT Testing) in hospital
[ ] Cardioversion
[ ] Tilt Table Testing
[ ] Event Recorder
[ ] T Wave Alternans
[ ] Signal Average ECG
[ ] Holter Monitor Please Circle: 24 hr 48 hr
[ ] Class III Drug Follow Up (Tikosyn/Amiodorone)

Cardiovascular Lab Procedures

- [ ] Left Heart Cath
[ ] Left Heart Cath/Right Heart Cath
[ ] Left Heart Cath w/ possible PTCA/Stent
[ ] PTCA Vessel:
[ ] Peripheral Angiogram with possible PTA
[ ] Renal Angiogram with possible PTA
[ ] Other:
Physician Requested:

Appointment Information:
Date Scheduled: Time:
Fax Appt info back to fax#:

FOR ANY PATIENT TRANSFERS, PLEASE CALL 888-293-ROSS (7677)

Additional copies of this form can be found at www.medicalcenter.osu.edu/go/epform or you may make photocopies