

MSU MEDICINE SPECIALTY CENTER DIVISION OF CARDIOLOGY TEST ORDER FORM 4650 South Hagadorn, East Lansing, MI 48823 Phone: (517)353-4830; Fax: 517-355-2134

EKG	EKG with rhythm strip
Patient to return to clinic with copy of EKG	
Holter Monitor	24 / 48 24 Hour Ambulatory Blood Pressure (ABP) Monitor
Exercise Treadm	ill Test (ETT) 2D Echocardiogram (Transthoracic Echo TTE)
Exercise Stress I	Echocardiogram (STE) Ankle Brachial Index (ABI)
Other:	
Venous Doppler	Lower Upper Bilateral Left Right
Arterial Doppler	Lower Upper Bilateral Left Right
Carotid Doppler	Bilateral Left Right
LexiSPECT	Schedule through Referral Coordinator only. Please route to Referral-Rad Pet Also known as: Myocardial Perfusion Imaging (MPI)
Exercise SPECT	Schedule through Referral Coordinator only. Please route to Referral-Rad Pet
Cardiac PET	Schedule through Referral Coordinator only. Please route to Referral-Rad Pet
Patient Name:	MRN DOB:
Diagnoses:	
ICD-10 Code(s) - required prior to scheduling:	
Reason for Study:	
Referring Physician:	
Referring Physician Signature (required):	