



# Wyoming Cardiopulmonary Services, P.C.

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## Healthcare Provider Referral Request

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Check this box if patient needs a **Cardiology Consultation**:

### ULTRASOUND

- Echocardiogram
- Echocardiogram w/ Bubble
- Stress Echocardiogram
- Dobutamine Stress Echo
- Carotid Duplex
- Abdominal Aorta Ultrasound
- Renal Arterial Ultrasound
- Arterial Duplex
- Venous Duplex

### STRESS TEST

- Cardiac ETT
- Nuclear Treadmill
- Nuclear Lexiscan
- Nuclear Dobutamine
- Other \_\_\_\_\_

### MONITORING

- 24 Hour Holter
- 48 Hour Holter
- Event Monitor
- ECG

**PLEASE INCLUDE PATIENTS MOST RECENT OFFICE NOTE WITH YOUR REFERRAL**

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Added Qualifications In Interventional Cardiology

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