

PATIENT LAST NAME		FIRST	MIDDLE
DATE OF BIRTH		PHONE	
SEX	APPOINTMENT DATE	DAY	TIME
INSURANCE			
<b>MUST PROVIDE</b>			
<b>CARDIOVASCULAR DIAGNOSIS/SYMPTOMS:</b>			
<b>PULMONARY DIAGNOSIS/SYMPTOMS:</b>			
ROUTE RESULTS TO: NAME (OTHER PHYSICIAN)			
ADDRESS			
PHONE		FAX	
OTHER INSTRUCTIONS			



**GREATER LANSING**

401 W. Greenlawn Avenue  
Lansing, Michigan 48910-2819

Vascular Lab  
Ph (517) 975-9400  
Fax (517) 975-9405

All Other Exams Listed:  
Ph (517) 975-6653  
Fax (517) 975-6660

Mon. - Fri. 8:00am - 5:00pm to schedule all exams  
*If Exam needs to be cancelled, please notify department 24 hours in advance.*

**CLIENT / ORDERING PHYSICIAN**

**PLEASE SPECIFY INTERPRETING PHYSICIAN OR SERVICE**

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

**ECHOCARDIOGRAPHY:**

- 2D Echo w/Color Flow Doppler (CFD):  w/saline bubble study  w/definity
  - 2D LTD/Follow up (No CFD):  w/saline bubble study  w/definity
  - Stress Echo:  Treadmill  Dobutamine
  - TEE (Transesophageal Echocardiogram)\*
- \*(Performing Cardiologist Practice, please call: Surgery Scheduling and Special Studies Holding to book exam)

**STRESS TEST/NUCLEAR CARDIOLOGY:**

- Regular Treadmill Stress Test
- Nuclear Stress Test: \_\_\_ 1 day (allow 4 hrs) \_\_\_ 2 day (allow 2 hrs each day)
- Treadmill  Chemical:  Lexiscan  Dobutamine  Adenosine  Persantine
- Stress Echo:  Treadmill  Dobutamine
- Holter Monitor  Event Monitor

**PULMONARY FUNCTION STUDIES:**

- ABG (Arterial Blood Gas) Specify FI02 required \_\_\_\_\_
- Complete PFT (PFT with bronchodilator, DLCO, Pleth): \*\*Please hold all inhalers/bronchodilators 4 hours prior to testing
- Spirometry only
- Spirometry w/bronchodilator. \*\*Please hold all inhalers/bronchodilators 4 hours prior to test unless otherwise directed by Dr.
- Diffusion study or DLCO
- Pleth (Lung Volume & Airway Resistance)
- Methacholine Challenge: \*\*Please hold all inhalers/bronchodilators/antihistamines 48 hours prior to testing
- Exercise VO2 max metabolic study  With Arterial Blood gases (at rest and peak exercise)  With \_\_\_\_\_
- 6-min hall walk for home oxygen evaluation  6 minute walk for Helios (conserving device) oxygen evaluation
- Treadmill exercise for home oxygen evaluation
- Exercise Provocation \*\*Please hold all inhalers/bronchodilators/antihistamines 48 hours prior to testing
- Sputum Induction X 3 days
- Pentamidine Aerosol Therapy  Nutrition Study

**EKG: No Appointment Required 7am -9pm**

- Outpatient ECG

**VASCULAR:**

- Venous:  Arm  Leg  Bilateral \_\_\_ Right \_\_\_ Left
- Arterial:  Arm  Leg  Bilateral \_\_\_ Right \_\_\_ Left
- Carotid  ABI
- \*\*Abdominal:  Aorta  Renal  SMA/Celiac
- Portal/Hepatic
- \*\*No food or drink after 10pm. Meds only with small amt of water. No gum or smoking in AM day of study.



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