



CARDIAC SCHEDULING SHEET

(Please complete and fax back to (252) 931-7626 at least 24 hours prior to patients appointment)

Patient's Name: _____ Physician: _____

DOB: _____ SSN: _____ MR#: _____

Address: _____ Phone #: _____

_____ Work #: _____

Insurance: _____

Authorization required? Yes _____ No _____ Auth #: _____

(Please fax authorization to (252) 752-8941 attn: Ramona)

Cardiac exam: _____

Clinical information: _____

Patient Prep for Procedure:

- Creatinine (please send results or order with patient to have drawn in our office)
- NPO x4 hours except Water and medications
- No caffeine x12 hours
- No Viagra, Cialis or Levitra x48 hours
- Bring a driver
- Please have patient bring all medications

Can the patient hold breath for 15 seconds? _____

Is the patient on any of following:

- Beta blocker _____
- Nitroglycerin _____

Does the patient have:

- Arrhythmias _____
- Pacemaker/Defibrillator _____
- Coronary Stent _____

Does the patient have contraindications to:

- Metoprolol _____
- Contrast/Iodine allergy _____ Premeds _____
- Nitroglycerin _____
- Asthma _____

(For internal use)

Radiologist Consulted _____ Technologist _____

Comments: _____

