Mid-Michigan Diagnostics

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Request Form

Patient Name: _____ Date of Birth: _____

Appointment Date: _____ Appointment Time: _____

Clinical Information: _____ Patient Disabilities: _____

Patient Address: _____

Patient Phone Number: _____ Alternate Phone Number: _____

Primary Insurance: _____ Contract #: _____ Pre-Cert #: _____

Secondary Insurance: _____ Contract #: _____ Pre-Cert #: _____

Requesting Physician: _____ Physician Phone Number: _____

Stress Testing

❑ **Cardiolite Stress Test Treadmill**
- ❑ Angina
- ❑ Abnormal EKG
- ❑ Chest Pain
- ❑ CAD
- ❑ Hypertension ***(Mark as secondary only)***
- ❑ Cardiomyopathy
- ❑ Other: _____

❑ **Treadmill Only**
- ❑ Dyspnea
- ❑ Palpitations
- ❑ Congestive Heart Failure
- ❑ Previous MI
- ❑ Surgical Clearance
- ❑ Subaortic Stenosis
- ❑ Diabetic

❑ **Cardiolite Stress Using**
❑ **Persantine** ❑ **Lexiscan**

Reason Patient Is Unable To Use Treadmill
- ❑ Degenerative Joint Disease
- ❑ Shortness of breath on exertion
- ❑ LBBB
- ❑ Defibrillator
- ❑ Other: _____

❑ **Echocardiogram** ❑ **Stress Echocardiogram**

❑ Hypertension ❑ Abnormal EKG ❑ Angina ❑ Cardiomyopathy ❑ CHF ❑ Murmur ❑ Valve Disorder ❑ Other: _____

Vascular Ultrasound

❑ **Carotid**
- ❑ Amaurosis Fugax/Transient Arterial Occlusion
- ❑ Bruit
- ❑ Carotid Stenosis
- ❑ Cerebral Vascular Accident
- ❑ Cerebral Atherosclerosis
- ❑ Facial Weakness/Droop
- ❑ Transient Ischemia Attack
- ❑ Syncope

Vertigo not acceptable diagnosis

❑ **Lower Venous** ____ **Right** ____**Left**
❑ **Upper Venous** ____ **Right** ____**Left**

❑ Edema
❑ Swelling
❑ DVT

❑ **Lower Arterial** ____ **Right** ____**Left**
❑ **Upper Arterial** ____ **Right** ____**Left**

❑ Atherosclerosis ❑ Arterial Insufficiency ❑ Diabetes

❑ Limb Pain
❑ Claudication

General Ultrasound

❑ **Abdomen**	❑ **Gallbladder**	❑ **Renal Arteries**	❑ **Soft Tissue**
❑ **Liver**	❑ **Kidneys and Bladder**	❑ **Pelvic (Transabdominal)**	❑ **Testicular**
❑ **Abdominal Aorta**	❑ **Bladder Only**	❑ **Pelvic (Transvaginal)**	❑ **Thyroid / Neck**

Other: **Diagnosis:**

Neurology

❑ **EMG Nerve Conduction** ❑ **Upper** _____ ❑ **Lower** _____

❑ Carpal Tunnel ❑ Lumbar Radiculitis ❑ Cervical Radiculitis ❑ Ulnar Neuropathy ❑ Peripheral Neuropathy

Suspected DX:

Signature: _____