



MSU MEDICINE SUB-SPECIALTIES CARDIO-METABOLIC CENTER
DIVISION OF CARDIOLOGY TESTING ORDER FORM
804 Service Road Suite A205, East Lansing, MI 48824
Phone: (517)353-4960; Fax: 517-355-2134

- EKG, EKG with rhythm strip, Patient to return to clinic with copy of EKG, Holter Monitor, 24 Hour Ambulatory Blood Pressure (ABP) Monitor, Exercise Treadmill Test (ETT), 2D Echocardiogram (Transthoracic Echo TTE), Exercise Stress Echocardiogram (STE), Ankle Brachial Index (ABI), Other: Venous Doppler, Arterial Doppler, Carotid Doppler, LexiSPECT, Exercise SPECT, Cardiac PET

Patient Name: _____ MRN _____ DOB: _____

Diagnoses: _____

ICD-10 Code(s) - required prior to scheduling: _____

Reason for Study: _____

Referring Physician: _____

Referring Physician Signature (required): _____