



CARDIOVASCULAR INSTITUTE

STRESS TEST AND HOLTER APPOINTMENT REQUEST

Patient's Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Type of Test Requesting: Cardiolite Stress Reg Exercise Stress Persantine Stress

 Lexiscan Stress Dobutamine Stress 24 hr Holter

 _____ one day protocol _____ two day protocol

Ordering Physician: _____

Patients Family Physician: _____

Diagnosis: _____

Patients Weight: _____

Is this for Pre Op? Yes or no

Is this an URGENT test? Yes or No

**please keep in mind that Nuclear Imaging Stress tests require at least a two week notice

Please fax this request to **443-843-7980**

We will contact the patient to schedule the appointment.

Thank you,
Cardiology Staff /HMH