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



GREATER LANSING

401 W. Greenlawn Avenue
Lansing, Michigan 48910-2819

Central Scheduling:

Phone (517) 975-2695

Fax (517) 975-2909

Mon-Fri: 7:30 am-5:00 pm

If Exam needs to be cancelled, please notify department 24 hours in advance.

CLIENT / ORDERING PHYSICIAN

MUST SPECIFY CONSULTING PHYSICIAN OR SERVICE

PHYSICIAN SIGNATURE _____ DATE _____

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

PULMONARY FUNCTION STUDIES:

- ABG (Arterial Blood Gas) Specify FI02 required _____ No appointment 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 Breath by Breath VO2 CPX max study With Arterial Blood gases (at rest and peak exercise)
- 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 Aerosal Therapy

EKG: No Appointment Required

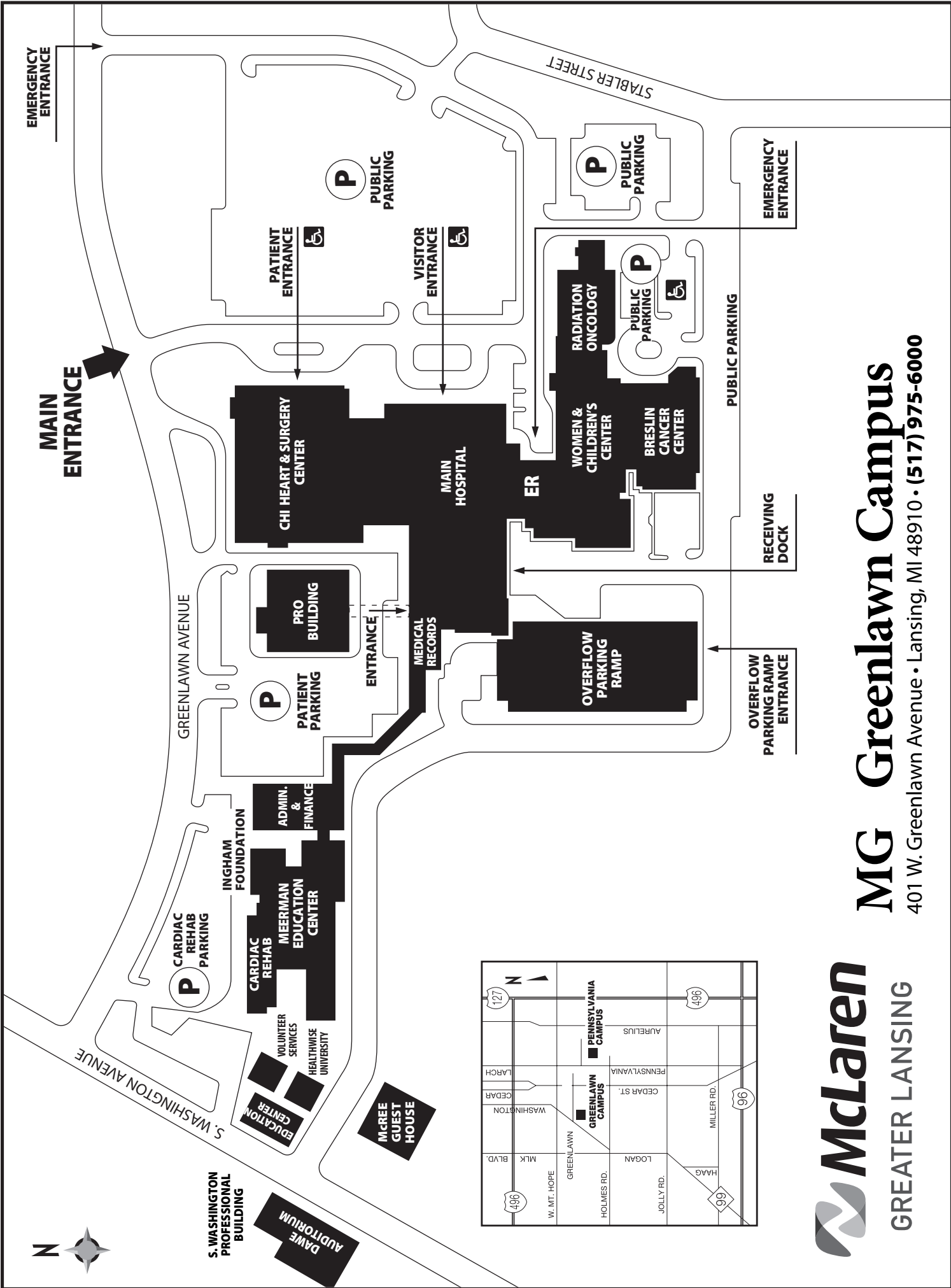
- Outpatient ECG

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.



640b



McLaren
GREATER LANSING

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