



Patient Name: _____

Date of Birth: _____

Account #: _____

**CARDIOPULMONARY SERVICES DEPARTMENT
PROCEDURE REQUISITION**

Medical Necessity Diagnosis/ Reason for Procedure: _____

Date of Procedure: _____ Time: _____ Physician Signature: _____

Cardiology Procedures:

- Echocardiogram- 2-D, M- Mode & Doppler (45 min)
If images are inadequate and contrast desired please check box:
- Stress Echo : (60 min)
If images are inadequate and contrast desired please check box:
- Dobutamine Stress Echo: (75 min) **Nothing by mouth 6 hours before exam.**
If images are inadequate and contrast desired please check box:
- Upright Tilt Table : (75 min) **Nothing by mouth 6 hours before exam.**
- Holter Monitor : 24 hours _____ 48 hours _____
- Event Recorder monitoring: 2 weeks _____ 4 Weeks _____
- EKG - 12 lead _____ Rhythm Strip _____
- Cardiac Stress Test (1 hour)

Pulmonary Lab:

- Pulmonary Function Screening (45 min)
Check box if no bronchodilator:
- Complete Pulmonary Function test (2 hours)
- Lung volumes ONLY (30 min)
- Diffusion Capacity ONLY (30 min)
- NIF/FVC (15 min)
- Methacholine Challenge- Bronchial Provocation (2 hours)
- Inhaler Instruct (30 min)
- Resting ABG - on Room Air _____ On O2 _____ /L min
- Exercise ABG - on Room Air _____ On O2 _____ /L min

Neurology Lab:

- Routine EEG
- Sleep Deprived EEG
- Ambulatory EEG (2 hours) [**Worn for 24 hours; must come back next day for removal (15 min)**]
- Evoked Potentials- SSER
- Upper _____ (60 min) Lower _____ (60 min)
- Brainstem auditory Evoked (BAER) (45 min)
- Visual Evoked (VER) (45 min)
- Tensilon Challenge (45 min)

Please arrive 15 minutes early to register in Outpatient Registration