



**Atrium Health**  
Sanger Heart & Vascular Institute

**Diagnostic & Procedural Referral Form**

Please fax completed form and requested documentation to 704-667-9239  
Mail all discs to Attn: SHVI, 5000 Airport Center Parkway, Building G, Suite B, Charlotte, NC 28208  
or electronically through PowerShare  
For patients needing stat studies within 48 hours, please call: 704-355-3012

**Diagnostic requested (please check one):**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Echocardiogram      | <input type="checkbox"/> *Cardiac MRI                | <input type="checkbox"/> Tilt table                     | <input type="checkbox"/> EKG                        |
| <input type="checkbox"/> Nuclear stress test | <input type="checkbox"/> Cardiopulmonary stress test | <input type="checkbox"/> Transesophageal echocardiogram | <input type="checkbox"/> Cardiac monitor            |
| <input type="checkbox"/> Vascular ultrasound | <input type="checkbox"/> Stress echocardiogram       | <input type="checkbox"/> Stress test                    | <input type="checkbox"/> Diagnostic catheterization |
| <input type="checkbox"/> *Cardiac CT         | <input type="checkbox"/> Exercise treadmill test     |   |   |

**Procedure Requested (please check one):**

- |  |                                    |  |              |
|--|------------------------------------|--|--------------|
| <input type="checkbox"/> Cardioversion | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Interventional Cath | Other: _____ |
|--|------------------------------------|--|--------------|

Referral diagnosis: \_\_\_\_\_

Referring office: \_\_\_\_\_

Referring provider: \_\_\_\_\_ Critical findings contact: \_\_\_\_\_

Referring provider phone: \_\_\_\_\_ Referring provider fax: \_\_\_\_\_

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient phone #: \_\_\_\_\_ Home address: \_\_\_\_\_

*Please provide the below information and a scanned copy of the patient's insurance card:*

Authorization #: \_\_\_\_\_ CPT: \_\_\_\_\_ Facility NPI #: \_\_\_\_\_

*If requesting stress testing, indicate modality*

*If requesting the invasive lab, indicate procedure*

- |  |                                  |              |
|--|----------------------------------|--------------|
| <input type="checkbox"/> Exercise                  | <input type="checkbox"/> RHC     | Other: _____ |
| <input type="checkbox"/> Pharmacologic             | <input type="checkbox"/> LHC     |              |
| <input type="checkbox"/> Type of ultrasound: _____ | <input type="checkbox"/> RHC/LHC |              |

*Please note: A referral is not considered complete until the necessary medical records are received.*

- All CARDIAC-related tests, labs, imaging and diagnostic studies
- Referring provider's or cardiologist's most recent notes (if different from referring MD)

**Referring provider signature:** \_\_\_\_\_

**How do you prefer to receive confirmation once the appointment is scheduled?**

- Fax     Epic message (Atrium Health only)
- Email, please provide address: \_\_\_\_\_

**\* Please review the clinical considerations for MRI and CT.**



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### **Clinical Considerations for Cardiac CT**

- **IV access:** patient must have veins amenable for 18g IV
- **BMI:** unable to obtain diagnostic imaging for BMI>45
- **Heart rate management:**
  - ▶ Ideal HR for cardiac CT is 55- 60 bpm
  - ▶ Metoprolol tartrate should be ordered by ordering physician using the following protocol:
    - Resting HR 60-65: 50 mg PO 90 minutes prior to scan
    - Resting HR > 65: 100 mg PO 90 minutes prior to scan
  - ▶ Ivabradine 15 mg PO 90 minutes prior to scan should be ordered by the ordering physician under the following conditions:
    - Resting HR > 60 and contraindications to metoprolol tartrate (will not affect blood pressure or reactive airways)
    - Resting HR > 80 prescribe in ADDITION to metoprolol tartrate
- **Devices (Pacemakers or ICDs):**
  - ▶ Device reps need to be present for scans so provide manufacturer.
  - ▶ Presence of device will affect location of scan.
- **Breath holds:** Patient must be able to follow commands and comply with a 10-30 second breath hold.
- **Contrast dye allergy:**
  - ▶ Pre-medication per protocol should be ordered by the ordering physician as follows:
    - 32 mg Methylprednisolone (Medrol) PO 12 and 2 hours prior to scan
    - 50 mg Diphenhydramine (Benadryl) PO 1 hour prior to scan
    - Must have a driver
  - ▶ Not advised for patients with anaphylaxis reaction to contrast dye even if pre-medicated.
- **Previous CABG or stents**
  - ▶ Note on information sheet if patient has had a CABG; bypass grafts can be evaluated.
  - ▶ Not advised for patients with stents < 3.0 mm or multiple stents.

### **Clinical Considerations for Cardiac MRI**

- **Implants:** Please note any implants in addition to a pacemaker or ICD (examples include bladder stimulators, neuro stimulators, clips etc.). Some will not be MRI compatible.
- **Devices (Pacemakers or ICDs)**
  - ▶ Device reps need to be present for scans so provide manufacturer.
  - ▶ Presence of device will affect location of scan.
  - ▶ A device form will need to be completed prior to scheduling patient.
- **Contrast dye allergy:**
  - ▶ Pre-medication per protocol should be ordered by the ordering physician as follows:
    - 32 mg Methylprednisolone (Medrol) PO 12 and 2 hours prior to scan
    - 50 mg Diphenhydramine (Benadryl) PO 1 hour prior to scan
    - Must have a driver
  - ▶ Not advised for patients with anaphylaxis reaction to contrast dye even if pre-medicated.
- **Renal function:**
  - ▶ We utilize Class II gadolinium contrast agents. We still take some precautions with patients who have ESRD on hemodialysis and will schedule them on a day they can have hemodialysis within 24 hrs.