## CARDIOLOGY OF ATLANTA

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## OFFICE TESTING/CONSULTATION

PATIENT'S NAME	PATIENT D.O.B.
PATIENT PHONE NUMBER	PATIENT INSURANCE
DATE AND TIME SCHEDULED	REQUESTING M.D.
PHYSICIAN	REFERRAL REQUEST (Bring with you to office)
OFFICE CONSULTATION Please b	ring referring M.D./Physician office records/notes and copies of any test results.
REASON FOR CONSULT	
NON-INVASIVE OFFICE TESTIN	G:
DIAGNOSIS/SYMPTOMS	:
(A) TREADMILL STRESS TEST A ECG machine. Expect to be in the of	heart rate test performed by walking on a treadmill while attached to an fice an hour. <b>Preparation:</b> Wear comfortable shoes and clothing. Do not re on medication which slows your heartbeat, your doctor may advise you
to be in the office 4 hours. <u>Preparat</u> prior to the test. Nothing to eat or dr. may be advised to hold some of thes	ate test which combines stress testing with imaging of your heart. Expect ion: Wear comfortable clothing and shoes. No caffeine products 24 hours ink after midnight prior to the test. Bring your medication with you. You e prior to the test.  Treadmill  78478  78480  93015
which usually takes 45 minutes. Pre	ss, safe, ultrasound examination of the structure and function of the heart paration: None. 93320 93325
	1 See instructions for each test above. (Treadmill Stress Test and echocardiogram) 3015
CARDIAC RHYTHM MONITOR	
☐ 24-HOUR HOLTER - Miniature EK	G worn 24 hours. 93224
30-DAY EVENT MONITORS:	
HEART CARD - Credit card size mo Use for up to 30 days. 93014	onitor which is placed against the chest at the time of symptomatic arrhythmia.
☐ AF MONITOR - Continuous monito	ring to rule out atrial fibrillation w/auto capture. Use for up to 30 days. 93270
LOOPING EVENT MONITOR - Coan event. 93272	entinuous monitoring to determine cause of Syncope. Self activated after

IMPORTANT: WE WILL BE HAPPY TO HANDLE THE PRE-CERTIFICATION PROCESS. IN ORDER TO COMPLETE THE PROCESS IT IS NECESSARY THAT YOU PROVIDE CURRENT INFORMATION REGARDING THE PATIENT'S INSURANCE COVERAGE AND CURRENT/COMPLETE CLINICALS. THANK YOU.