

# HEART SPECIALISTS

OF OHIO

Debra Debaets, M.D.  
Lawrence Murcko, M.D.  
Timothy Obarski, D.O.

Mary Beth Breckenridge, M.D.  
Arsad Karcic, M.D.  
Ashish Gangasani, M.D.

Barry George, M.D.  
Cindy Baker, M.D.  
Talal Attar, M.D.

**Fax Referral: 614-884-0884**

**Referring Physician:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**PATIENT INFORMATION**

**Patient Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Insurance Plan:** \_\_\_\_\_

**Copy of Insurance card copy attached?**  Yes

**Precertification Required?**  Yes  No

**Diagnosis/Reason for Visit:**  
\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Appointment Confirmation**

**An appointment has been scheduled with:**

- |   |   |
|---|---|
| <input type="checkbox"/> Debra Debaets, M.D.    | <input type="checkbox"/> Timothy Obarski, D.O.        |
| <input type="checkbox"/> Lawrence Murcko, M.D.  | <input type="checkbox"/> Mary Beth Breckenridge, M.D. |
| <input type="checkbox"/> Barry George, M.D.     | <input type="checkbox"/> Arsad Karcic, M.D.           |
| <input type="checkbox"/> Ashish Gangasani, M.D. | <input type="checkbox"/> Cindy Baker, M.D.            |
| <input type="checkbox"/> Talal Attar, M.D.      |   |

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**HSO Location:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Columbus</b><br>3650 Olentangy River RD,<br>Suite 300<br>Columbus, Ohio 43214<br>614-538-0527<br>Fax 614-884-0884 | <input type="checkbox"/> <b>Springfield</b><br>2200 N. Limestone St.<br>Suite 100<br>Springfield, Ohio 45503<br>937-390-5563<br>Fax 937-390-5566 |
| <input type="checkbox"/> <b>Mt. Gilead</b><br>651 W. Marion Road<br>Mt. Gilead, Ohio 43338<br>419-947-9953<br>Fax 419-946-9958                | <input type="checkbox"/> <b>Mt. Vernon</b><br>1451 Yaeger Road, 1A<br>Mt. Vernon, Ohio 43050<br>740-397-5400<br>Fax 740-397-0719                 |

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VNUS Closure (ENDOVENOUS TREATMENT)**

Radio Frequency Ablation for Varicose Vein

**OFFICE SERVICES**

**ASAP (1-2 days)**

- Cardiology Consultation**
  - Electrophysiology Consultation**
  - VNUS Consultation**
  - Surgical Clearance / Pre-admission Testing**
- Please provide our office with copies of medical records (evening hours available).*
- EKG Over read**

**CARDIAC TESTING**

**ASAP (1-2 days)**

- Nuclear (Cardiolite) Stress Test** with Exercise
- Nuclear (Cardiolite) with Dobutamine or Adenosine**  
*(pharmacologic stress agent will be determined by the supervising physician)*
- Stress Echocardiogram** with Exercise
- Stress Echocardiogram** with Dobutamine
- Stress EKG Test**
- Nuclear Resting Muga**
- Nuclear Viability Study**
- Echocardiogram**
- EKG**
- TEE**

**ELECTROPHYSIOLOGY TESTING**  **ASAP (1-2 days)**

- Event Monitor** (up to 30 days)
- Holter Monitor**  24 hours  48 hours
- Cardioversion**
- Tilt Table**

**VASCULAR TESTING**

**ASAP (1-2 days)**

- Arterial Doppler:**
  - Upper Extremity
  - Lower extremity:  Resting  Exercise
  - Ankle/Brachial Indices (ABI's)
- Venous Duplex:**
  - Upper Extremity:  Right  Left  Bilateral
  - Lower extremity:  Right  Left  Bilateral
- Arterial Duplex:**
  - Upper Extremity:  Right  Left  Bilateral
  - Lower extremity:  Right  Left  Bilateral
- Carotid Duplex**
- Aortic Duplex**
- Renal/Mesenteric Artery Duplex**