

HEART SPECIALISTS OF OHIO

Debbra Debaets, M.D., F.A.C.C.

Lawrence Murcko, M.D., F.A.C.C.

Timothy Obarski, D.O., F.A.C.C.

Mary Beth Breckenridge, M.D., F.A.C.C.

Barry George, M.D., F.A.C.C.

Cindy Baker, M.D., F.A.C.C.

Talal Attar, M.D., F.A.C.C.

Arsad Karcic, M.D., F.A.C.C.

FAX REFERRAL: 614-884-0884

REFERRING PHYSICIAN:

Date: _____

Phone: _____ Fax: _____

Please provide our office with copies of medical records

PATIENT INFORMATION

Patient Name: _____

Female _____ Male _____

Home Phone: _____

Cell Phone: _____

DOB: _____ Weight: _____

SSN: _____

Insurance Plan: _____

Copy of Insurance card copy attached? _____ Yes

Precertification Required? _____ Yes _____ No

If yes: Authorization #: _____

Valid Date Range: _____

Diagnosis/Reason for Visit: _____

Physician Signature: _____

APPOINTMENT CONFIRMATION

An appointment has been scheduled with:

Date: _____ Time: _____

LOCATIONS

Columbus – Main Office
3650 Olentangy River Rd
Suite 300
Columbus, Ohio 43214
614-538-0527
Fax: 614-884-0884

Mt. Gilead
651 W. Marion Rd
Mt. Gilead, OH 43338
419-946-9958
Fax: 419-946-9958

By: _____ Date: _____

TOLL FREE 877-566-4311

www.hsodocs.com

OFFICE SERVICES

ASAP (1-2 days)

- _____ Cardiology Consultation
- _____ VNUS Consultation
- _____ Surgical Clearance / Pre- admission Testing
- _____ EKG Over read
- _____ Pacer Check/ Analysis

VNUS Closure (ENDOVENOUS TREATMENT)

- _____ Radio Frequency Ablation for Varicose Vein

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)

- _____ Echocardiogram
- _____ EKG
- _____ Stress EKG Test
- _____ Stress Echocardiogram with Exercise
- _____ Stress Echocardiogram with Dobutamine
- _____ Nuclear Resting Muga
- _____ Nuclear Viability Study

ELECTROPHYSIOLOGY TESTING ASAP (1-2 days)

- _____ Event Monitor (up to 30 days)
- _____ Holter Monitor 24 hours 48 hours

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

