



4150 Fifth Street Rapid City, SD 57701
 (605) 399-4348 FAX (605) 399-4352 TOLL FREE (800) 787-6876

Diagnostic Testing Order

PATIENT
 Last Name: _____
 First Name: _____
 Middle Initial: _____ Gender: Female Male
 Date of Birth: _____

Patient Information

TODAY'S DATE	WEIGHT	PRIMARY INSURANCE CARRIER		
MAILING ADDRESS		CITY	STATE	ZIP
HOME PHONE NUMBER		ALTERNATE PHONE NUMBER: <input type="checkbox"/> Work <input type="checkbox"/> Cell Other: _____		
ORDERING PROVIDER	ORDERING PROVIDER'S PHONE	PERFORM TEST WITHIN Days: _____ Weeks: _____ Months: _____		

Complete the indication on the line next to selected test(s) below.

- Nuclear Cardiolite Stress Test
 - Treadmill Diagnosis / Reason for Test: _____
 - Pharmacological Diagnosis / Reason for Test: _____
 - Lexiscan
 - Dobutamine
- Stress Echo Diagnosis / Reason for Test: _____
 - Dobutamine
- Regular Treadmill Stress Test Diagnosis / Reason for Test: _____
- Echocardiogram Diagnosis / Reason for Test: _____
- Carotid Ultrasound Diagnosis / Reason for Test: _____

Special Instructions: _____

Ordering Physician PRINTED NAME: _____

Ordering Physician Signature: _____ Date: _____ Time: _____

Please fax to (605) 718-6070, patient records including: EKG, office notes, any pertinent lab work or previous cardiac testing, and this form.

To order additional diagnostic tests or for any questions regarding which type of test to order, call (605) 721-1478 or go to our website at www.regionalhealth.com/rhd and select the Referring Providers link.