CARDIOVASCULAR ASSOCIATES
— OF CHARLOTTESVILLE —

650 Peter Jefferson Parkway, Suite 100
Charlottesville, VA 22911

Office: (434) 293-4072
Fax: (434) 293-4265
www.cvaoc.com

Cardiology Testing Order Form

Patient Name:	DOB:	Height:	Weight:
Referring Physician:	Test Date:	Time:	

☐ **Echocardiogram**		
Indications		
☐ Chest Pain	☐ Left Ventricular Hypertrophy	☐ Fever
☐ Shortness of Breath	☐ Cardiomyopathy	☐ PVC's
☐ Heart Failure	☐ Coronary Artery Disease	☐ Atrial Fibrillation/Flutter
☐ Near Syncope/Syncope	☐ Murmur	☐ SVT/Cardiac Dysrhythmia
☐ Orthostatic Hypotension	☐ Aortic Valve Disorder	☐ Pre-Chemotherapy
☐ TIA/Stroke	☐ Mitral Valve Disorder	☐ Other:

☐ **Exercise Treadmill (EKG only)** ☐ **Exercise Nuclear Stress** ☐ **Exercise Echocardiogram**	☐ **Adenosine Nuclear Stress** ☐ **Dobutamine Nuclear Stress** ☐ **Dobutamine Echocardiogram**	
Indications		
☐ Chest Pain/Angina	☐ Coronary Artery Disease	☐ Old Myocardial Infarction
☐ Shortness of Breath	☐ Abnormal EKG	☐ Pre-Op
☐ Heart Failure	☐ Syncope/Near Syncope	☐ Other ________________

(Testing physician reserves the right to do the medically appropriate test.)

☐ **Holter (24 – 48 Hour)** ☐ **Event Monitor (30 day)** ☐ **Continuous Cardiac Monitor (Mobile) (14 – 30 days)**		
Indications		
☐ Palpitations	☐ PVC's	☐ Bradycardia
☐ Near Syncope/Syncope	☐ PAC's	☐ Wolff-Parkinson-White
☐ Angina	☐ Supraventricular Tachycardia	☐ Cardiac Dysrhythmia
☐ Cardiomyopathy	☐ AV Block	☐ Other:
☐ Atrial Fibrillation	☐ LBBB	
☐ Atrial Flutter	☐ RBBB	

Anna K. Baer, M.D. Carolyn Behm, M.D. Joshua J. Fischer, M.D. William B. Freedman, M.D. Christopher D. Friend, M.D.
Duong X. Nguyen, M.D. Arun Prahash, M.D. Timothy R. Williams, M.D. John S. Zakaib, M.D.