100 S Santa Fe St.
Visalia, 93292, CA
559-733-7010

Non-Invasive Cardiology / Vascular Test Order Form

Thank you for referring your patient to Sequoia Cardiovascular Associates.
To begin the referral process, please complete this form and fax it to **559-733-8726.**

For questions or help with completing this form, please email: sca@sequoiacardiology.com or call 559-733-7010.

Along with this form, please submit the following:

- Pertinent medical records
- Copy of the patient's insurance card (both sides) and HMO authorization, if required.
- If no authorization is required, please call 559-733-7010 to schedule test or complete this form and fax to 559-733-8726

Date: ________________________ No. of pages: ________________

Referring Provider: _______________________ Fax: _______________________ Phone: ______________________

Patient Information

Name: ____ DOB: ________________________

Insurance: ____ Phone: ______________________

Diagnosis/ICD-10: ______________________________________

Is authorization required? No ___________ Yes _____ If yes, authorization number ____________________

Procedure Requested:

- ☐ 12-lead electrocardiogram (ECG)
- ☐ 24-hour Holter
- ☐ 48-hour Holter
- ☐ 1- to 7-day extended monitor
- ☐ 7- to 14-day extended monitor
- ☐ Echocardiography, 2D and 3D with Doppler and strain
- ☐ Treadmill stress test
- ☐ Treadmill stress echo
- ☐ Lexi Scan stress test
- ☐ Cardiac PET stress test
- ☐ Renal artery Doppler
- ☐ Upper extremity arterial ___left ___right ___bilateral
- ☐ Upper extremity venous ___left ___right ___bilateral
- ☐ Lower extremity arterial ___left ___right ___bilateral
- ☐ Lower extremity venous ___left ___right ___bilateral
- ☐ Abdominal aorta ultrasound
- ☐ ABI
- ☐ Carotid Doppler

Select physician:

_____ First available

_____ Ankur Gupta, MD _____ Atul Singla, MD _____ Vinod Gupta, MD

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.

THIS FORM MUST BE COMPLETED AND FAXED PRIOR TO SCHEDULING.