



### Cardiovascular Imaging Center Referral Form

We are happy you have chosen our Cardiovascular Imaging Center. To ensure the highest quality patient care and customer service, please complete this form in its entirety.

**IMAGING PHONE: 816-751-8650**

**FAX: 816-751-8660**

**Patient Testing Location:**

Saint Luke's Hospital  
4330 Wornall  
Suite 2000  
Kansas City, MO 64111

Saint Luke's Northland  
5844 NW Barry Rd,  
Suite 230  
Kansas City, MO 64154

Saint Luke's South  
12330 Metcalf,  
Suite 280  
Overland Park, KS 66213

Saint Luke's East  
20 NE Saint Luke's Blvd,  
Suite 110  
Lee's Summit, MO 64086

**PATIENT INFORMATION**

**PLEASE ATTACH CURRENT INSURANCE CARD**

Patient \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_

**PROCEDURE REQUEST**

**Reason for test (required):** \_\_\_\_\_

Treadmill Exercise Test (without imaging)

**Echo**

- Complete Echo
- Exercise Stress Echo (*must be able to walk on a treadmill*)
- Dobutamine Stress Echo

**Vascular Imaging**

- Carotid Duplex Scan
- Abdominal Aortic Scan
- Renal Artery Scan
- Lower Extremity Arterial Duplex  Left  Right
- Upper Extremity Arterial Duplex  Left  Right
- Vascular Screen

**History/Risk Factors:** CAD CHF HTN Diabetes Hyperlipidemia Stroke Nicotine PVD Other \_\_\_\_\_

**Nuclear / Radiological Imaging**

- Myocardial Perfusion Imaging
  - SPECT Exercise
  - PET or  SPECT Pharmacologic
- Myocardial Viability
  - Thallium Redistribution
  - PET Viability
- Muga Scan
- CardioScan (Coronary Calcium Scoring)
- CTA of:
  - Arteries:  Coronary  Renal  Carotid
  - Thorax  Abdomen  Abdomen & Pelvis
  - Lower extremity run-off

Ht \_\_\_\_\_

Wt \_\_\_\_\_

Additional Comments:

Referring Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

Please fax/send the patients most recent history & physician and for CT's, send most recent lab results

**\*TESTS CANNOT BE SCHEDULED WITHOUT A PHYSICIAN SIGNATURE\***