

CARDIOLOGY REQUEST FORM

Cromwell Hospital

PLEASE BRING THIS FORM WITH YOU WHEN ATTENDING YOUR APPOINTMENT - FAILURE TO DO SO CAUSE DELAYS OR CANCELLATION.

Telephone: 020 7460 5700 Extension: 5410/ 7305 * Email: cardiacoutpatients@cromwellhospital.com * Clinic hours: 9.30am to 7.30pm

Appointment			Patient Details: Place sticker here		
Date:			Name		
Referring Consultant/ GP:			DOB		
Report to:			Hospital Number: Sex M F		
TEST INDICATION/DIAGNOSIS					
Code	✓	Test	Code	✓	Tests performed by Echo Consultant
540101		ECG	547043		3D ECHO
309831		Paediatric ECG	546245		BUBBLE ECHO
540705		REAL TIME ECHO DOPPLER (echocardiogram)	540225		CONTRAST ECHO
547039		24HR BLOOD PRESSURE MONITOR	542010		DOBUTAMINE STRESS ECHO
540707		ZIO PATCH – 2 WEEKS	542020		TREADMILL STRESS ECHO
540104		24HR HOLTER MONITOR	540334		CONTRAST VIAL(S)
540505		48HR HOLTER MONITOR	542050		PAEDIATRIC ECHO
540515		72HR HOLTER MONITOR	Code	✓	Tilt Testing
547042		7 DAY HOLTER MONITOR			
547050		BIVENTRICULAR DEFIB (CRTD) CHECK	540227		WITH CSM (Carotid sinus massage) -if patient is > 40 yrs with no CSM contraindications
547049		BIVENTRICULAR PACEMAKER (CRTP) CHECK			
547048		DUAL CHAMBER ICD (DR ICD)CHECK	540228		MINUS CSM (Carotid sinus massage) -if patient is < 40yrs or -if patient is > 40yrs with CSM contraindications
547047		SINGLE CHAMBER ICD (VR ICD) CHECK			
540704		SINGLE CHAMBER PACEMAKER CHECK	Pis note that all non -Cardiologist/Neurologist referrals for Tilt Testing should also have a 48hr Holter (540505) and ECG (540101) as part of a “syncope Assessment”		
540754		DUAL CHAMBER PACEMAKER CHECK			
540046		IMPLANTABLE LOOP RECORDER (ILR) CHECK			
547051		BIVENTRICULAR OP TIMISATION	*By ticking codes 540227/540228, you are authorising the administration of sub-lingual nitrates		
RELEVANT MEDICATION			HAVE YOU DISCUSSED THESE TESTS WITH THE PATIENT?		
			Yes / No		