

GREENWICH CARDIOLOGY ASSOCIATES

Glenn Gandelman, MD, MPH, FACC
67 Holly Hill Lane, Suite 102
Greenwich, CT. 06830
203-869-5515

PROCEDURE REQUISITION FORM

Please fax completed form to:
203-869-5765

Patient Name: _____ Patient Telephone #: _____

Date of Birth: _____

Cardiac Diagnosis: _____ Reason for Exam: _____

Referring Physician: _____

Primary Insurance: _____ Policy #: _____

Pre-certification Required: Y/N (please circle one)

Current Medications: _____

EXAMS: (please circle all that apply)

- CARDIAC CONSULTATION
- ECHOCARDIOGRAM
- ECHO STRESS TEST
- REGULAR EXERCISE STRESS TEST
- REHAB STRESS TEST
- HOLTER MONITOR 24hour / 48hour (please circle one)
- EVENT MONITORING/LOOP RECORDER
- AMBULATORY BLOOD PRESSURE RECORDING
- PACEMAKER INTERROGATION
- ABI (ANKLE/BRACHAEL INDEX)
- CARTOID U/S
- AORTIC U/S
- DIETITIAN EVALUATION