



Cardiology and Vascular Associates, P.C.

Diagnostic Study Order Form



COMMERCE MEDICAL CENTER

8391 Commerce Rd, Suite 110B • Commerce, MI 48382
Phone (248) 716-3180 • Fax (947) 800-7270

Today's Date

Patient's Name DOB

Referring Physician CC

Diagnosis Exam Date Time

Fax # Phone#

PHYSICIAN'S SIGNATURE REQUIRED

IMPORTANT PATIENT INSTRUCTIONS

- A 24 Hour Notice is required to cancel your exam to avoid a potential charge. Patient Signature:
YOU MUST BRING THIS ORDER FORM WITH YOU AT THE TIME OF YOUR APPOINTMENT.
Failure may cause a delay and possible rescheduling of your exam.
Please arrive 15 minutes prior to your appointment.
Please bring a written list of all your medications.

ECHO:

93306 2D Echo w/Color Flow & Doppler

MISCELLANEOUS TESTS:

93224 Holter Monitor (24 or 48)

* CPT codes in RED

Patient Instructions

Echocardiogram:

- No preparation required. Exam takes approximately 45 minutes.

A Division of MHP Michigan Healthcare PROFESSIONALS

SCHEDULING INSTRUCTIONS:

Phone Number: (248) 716-3180

SCHEDULE FOR EXAMS:

- Monday - Thursday 9:00 am to 4:30 pm
Friday 9:00 am to 12:00 pm
Please see prep instructions above.
Please see map on this page.

