



www.heartcapc.com

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PATIENT NAME: _____ AGE: _____

REFERRING PHYSICIAN: _____
(Signature needed for Medicare consultations)

INDICATION FOR STUDY: _____

CALL RESULTS TO: _____ FAX: _____

TESTING SCHEDULED FOR: Day _____ Date: _____ at _____ AM

(M-F) _____ PM

PLEASE PERFORM

SPECIAL INSTRUCTIONS

- _____ Consultation
- _____ 30-Day Event Recorder
- _____ 24-Hr. Holter Monitor
- _____ 24-Hr. Automatic Blood Pressure Monitoring
- _____ Aspirin Resistance Blood Test

ULTRASOUND

- _____ 2-Dimensional/Doppler Echocardiogram
- _____ Stress Echocardiogram

VASCULAR ULTRASOUND

- _____ Carotid Duplex Ultrasound
- _____ Lower Extremity Segmental Pressures

STRESS TEST

- _____ Exercise Treadmill Test
- _____ Exercise Treadmill Test w/Nuclear Testing
- _____ Pharmacologic Stress Test w/Nuclear Testing
- _____ Dobutamine Stress Test (for patients with severe COPD) w/Nuclear Testing

REFERRING PHYSICIAN: PATIENT'S INSURANCE REFERRALS MUST BE SPECIFIC FOR TEST NOTED ABOVE OR PATIENT WILL BE RESCHEDULED.

PATIENT INSTRUCTIONS ON REVERSE SIDE

THIS IS NOT AN INSURANCE REFERRAL.

INSTRUCTIONS FOR ALL STRESS TESTING

1. Please wear loose clothing (pants or shorts, short-sleeved tops with no metal buttons or metal zippers) and comfortable walking shoes. Avoid one-piece outfits or dresses. Women should wear a bra without underwires. Do not apply oils or lotion on the chest area.
2. No caffeinated or decaffeinated coffee or tea, and no chocolate is allowed 24 hours prior to your appointment. Caffeine-free sodas are permitted.
3. You may have a light meal up to three hours prior to the test. If you have scheduled an early test, you may bring a light snack to eat after the stress portion of the test has been completed.
4. Please bring a complete list of your medications with current dosages to your appointment.
5. Take your medications as you normally do *unless* otherwise instructed by your personal physician.
6. Please arrive fifteen minutes prior to your appointment with a referral from your primary care physician, if required by your insurance company.

CARDIOLOGY ASSOCIATES, P.C.

18109 Prince Philip Drive, Suite 225, Olney, MD 20832

(301) 774-5810 (301) 774-0188 Fax

HOURS OF OPERATION

Monday through Friday, 8 am - 4 pm

DIRECTIONS TO OUR OFFICE:

(Adjacent to Montgomery General Hospital (MGH) in Physician's Office Building II)

From the North:

Access Route 97 (Georgia Avenue). Drive South on Route 97 to Route 108. Turn left (east) on Route 108 (Olney-Sandy Spring Road). At the third traffic light (0.6 miles), turn left onto Prince Philip Drive and follow the signs to MGH on the right.

From the East:

Northeast: Access Route 108. Drive west on Route 108, crossing Route 650 (New Hampshire Avenue). About 2.7 miles after Route 650, turn right onto Prince Philip Drive (traffic light) and follow the signs to MGH on the right.

Southeast: Access Route 198 (Spencerville Road). Drive west on Route 198 to Route 650 (New Hampshire Avenue). Turn right (north) onto Route 650. At the second traffic light (2.4 miles), turn left (west) onto Route 108. About 2.7 miles after Route 650, turn right onto Prince Philip Drive (traffic light) and follow the signs to MGH on the right.

From the South:

Access Route 97 (Georgia Avenue). Turn right (east) onto Route 108. At the third traffic light (0.6 miles), turn left onto Prince Philip Drive and follow the signs to MGH.

From the West:

Northwest: Access Route 108. Drive east on Route 108, crossing Route 97 (Georgia Avenue). At the third traffic light (0.6 miles), turn left onto Prince Philip Drive and follow the signs to MGH.

Southwest: Access Route 97 (Georgia Avenue). Drive north on Route 97 to Route 108. Turn right (east) onto Route 108. At the third traffic light (0.6 miles), turn left onto Prince Philip Drive and follow the signs to MGH.