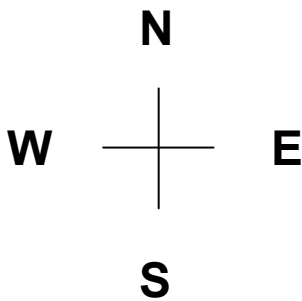
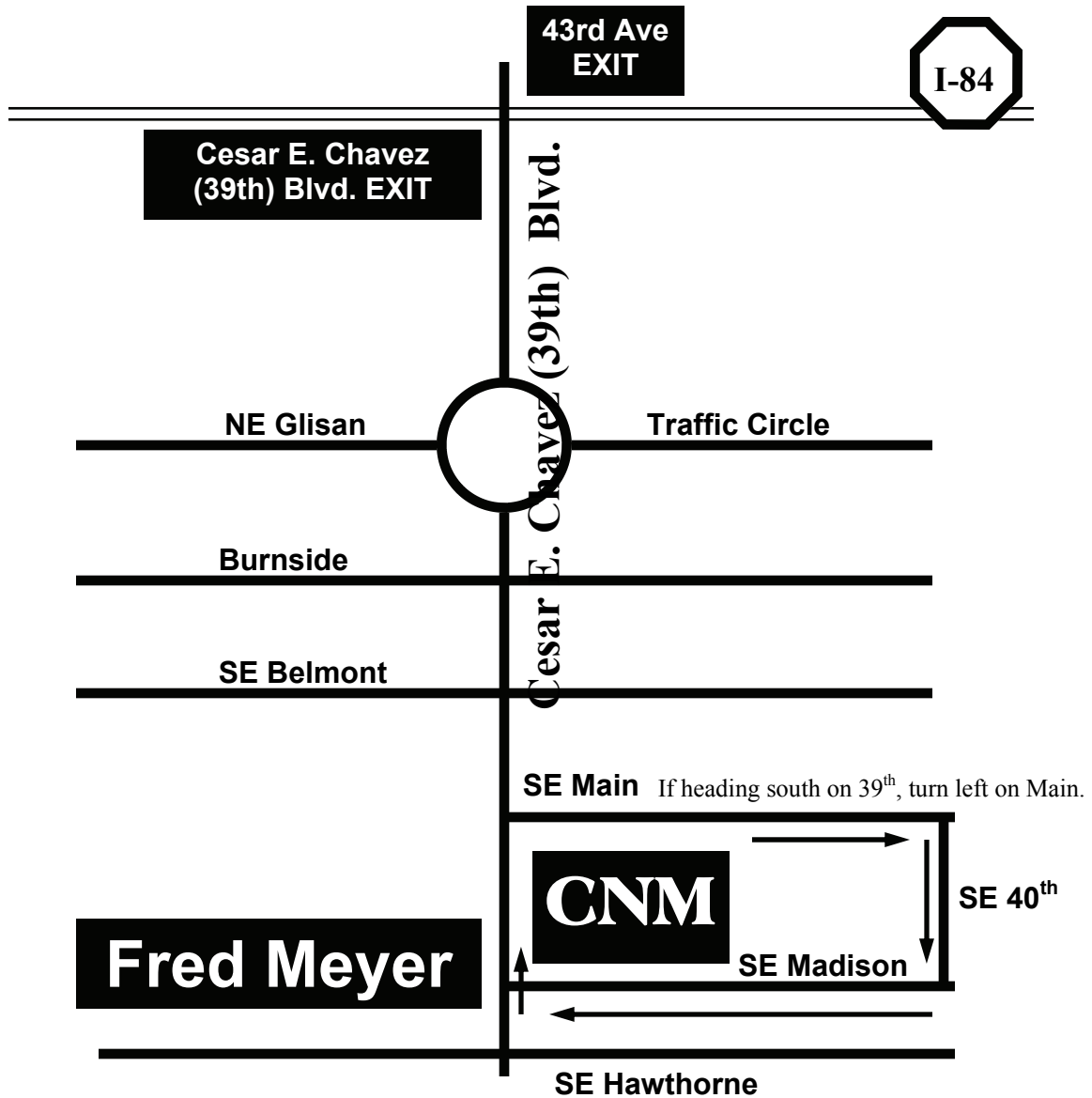


HEART & LUNG WELLNESS at the CENTER FOR NATURAL MEDICINE (CNM)
a teaching clinic of National College of Natural Medicine
REQUISITION FOR PHYSICIAN AUTHORIZED CARE
specializing in AFFORDABLE Naturopathic Cardiovascular & Pulmonary Care
Please contact CNM (503) 232-1100 for Community Clinic and other DISCOUNTED FEES

Patient Name				Date	
Address			City		
State	Zip	Phone (H)	Phone (W)		
Referring Physician (print & signature)					
Physician (Dr.) Address (street, city, state, zip)					
Dr. Phone		Dr. Fax		Dr. E Mail:	
Reason for ordering test (working diagnosis with ICD-9)					
Present Medications:					
Other Pertinent information:					
CONSULTATIONS (Consultations require relevant medical records at visit)					
<input type="checkbox"/> Consultations & Second Opinions with Narrative Reporting - please included medical records with referral					
CARDIAC					
<input type="checkbox"/> Resting ECG with interpretation, <input type="checkbox"/> with monitoring to capture arrhythmia frequency/severity if indicated					
<input type="checkbox"/> Exercise Treadmill Stress Test {Call for preparation guidelines}					
<input type="checkbox"/> Exercise Tolerance Testing (to determine a safe and effective target aerobic heart rate)					
<input type="checkbox"/> Exercise - Aerobic Cardiac Rehabilitation, <input type="checkbox"/> with Oxygen Multistep Therapy (hyperbaric oral oxygen with antioxidants)					
<input type="checkbox"/> 24 Hour, <input type="checkbox"/> 48 Hour, Holter Monitor with interpretation					
<input type="checkbox"/> Event Monitor for <input type="checkbox"/> 1 week, <input type="checkbox"/> until arrhythmia is captured, <input type="checkbox"/> chest plate, <input type="checkbox"/> continuous telemetry up to 30 days.					
VASCULAR STUDIES - {Plethysmography and rheography}					
<input type="checkbox"/> Carotid arterial audio doppler (common, external & internal)			<input type="checkbox"/> Lower extremity arterial audio doppler		
<input type="checkbox"/> Upper extremity digits arterial waveform			<input type="checkbox"/> Lower extremity digits arterial waveform		
<input type="checkbox"/> Lower extremity venous photoplethysmography			<input type="checkbox"/> Upper extremity arterial doppler		
<input type="checkbox"/> Lower extremity venous doppler (with augmentation)					
PULMONARY					
<input type="checkbox"/> Spirometry {FVC, FEV 1 & 3 sec., FEV1/FVC, FEF25-75%, Max. Flow}					
<input type="checkbox"/> Spirometry with pre and post dilation {Pt must bring and list medicine to be used with dosage}					
MISCELLANEOUS					
<input type="checkbox"/> Body Composition Analysis using Biological Impedance (BIA) - <i>Free Public Service</i>					
{% Body Fat, Body Cell Mass, Extracellular Mass, Intra & Extracellular Water, Systemic Hydration}					
<input type="checkbox"/> Other					
<i>I authorize the release of information to complete the requested procedures and/or process this claim with insurance.</i>					
Patient's Signature				Date	

Heart & Lung Wellness @ Center for Natural Medicine



**Heart & Lung Wellness at the
Center for Natural Medicine
1330 SE Cesar E Chavez (39th) Blvd.
Portland, Oregon 97214
503-232-1100 FAX 232-7751
www.CNMWellness.com**