

PHYSICIAN REQUISITION



A teaching clinic of
National College of Natural Medicine

Call 503-232-1100 or Fax 503-232-7751 to Schedule

Patient Name _____ DOB _____ Date _____

Diagnosis with ICD-10 _____

Present Rx _____

Other Pertinent info _____

Referring Dr. _____

Dr. Phone _____ Dr. Fax _____

Dr. Address _____

CONSULTATIONS

Medical records are required during consultation

- Consultations & Second Opinions with Narrative Reporting

CARDIAC

- Resting ECG with interpretation
 - with monitoring to capture arrhythmia frequency/severity if indicated
- 24 Hour, Holter Monitor with interpretation
- 48 Hour, Holter Monitor with interpretation
- Event Monitor for
 - 1 week until arrhythmia is captured
 - chest plate ongoing telemetry up to 30 days
- Resting Transthoracic Echocardiogram (off-site):
 - Adult Pediatric
- Exercise Treadmill Stress Test (patient preparation instructions on reverse side)
- Exercise Tolerance Testing with ECG Monitoring (determines a safe and effective target aerobic heart rate)
- Exercise - Aerobic Cardiac Rehabilitation _____ times weekly for _____ weeks or choose duration & frequency based on tolerance
- Oxygen Multistep Therapy (oral antioxidants followed by aerobic exercise with hyperbaric oral)
- Live O₂ Adaptive Oxygen Therapy (Vasodilating)

PULMONARY

- Spirometry (FVC, FEV 1 & 3 sec., FEV1/FVC, FEF25-75%, Max. Flow)
- Spirometry with post test bronchodilation (Pt must bring and list medicine with dosage to be used)

VASCULAR ULTRASOUND (off-site)

- Abdominal Aortic Aneurysm
- Carotid Artery Duplex, Bilateral
- C.I.M.T. (Carotid Intima Media Thickness)
- Renal Artery Mesenteric Artery

Lower Extremity

- Arterial Venous Bilateral
- Unilateral Left Leg Right Leg

Upper Extremity

- Arterial Venous Bilateral
- Unilateral Left Leg Right Leg

OTHER VASCULAR STUDIES

Audio Doppler, Plethysmography and Rheography

- Carotid arterial audio doppler (bilateral study of common, external & internal)
- Ankle/Brachial Index (ABI)
 - Resting Exercise
- Arterial Audio Doppler/Rheography with Waveforms
 - Upper extremity fingers
 - Lower extremity toes
- Lower extremity venous photoplethysmography (refill time in venous insufficiency)
- Lower extremity venous doppler (with augmentation - DVT vs venous insufficiency)

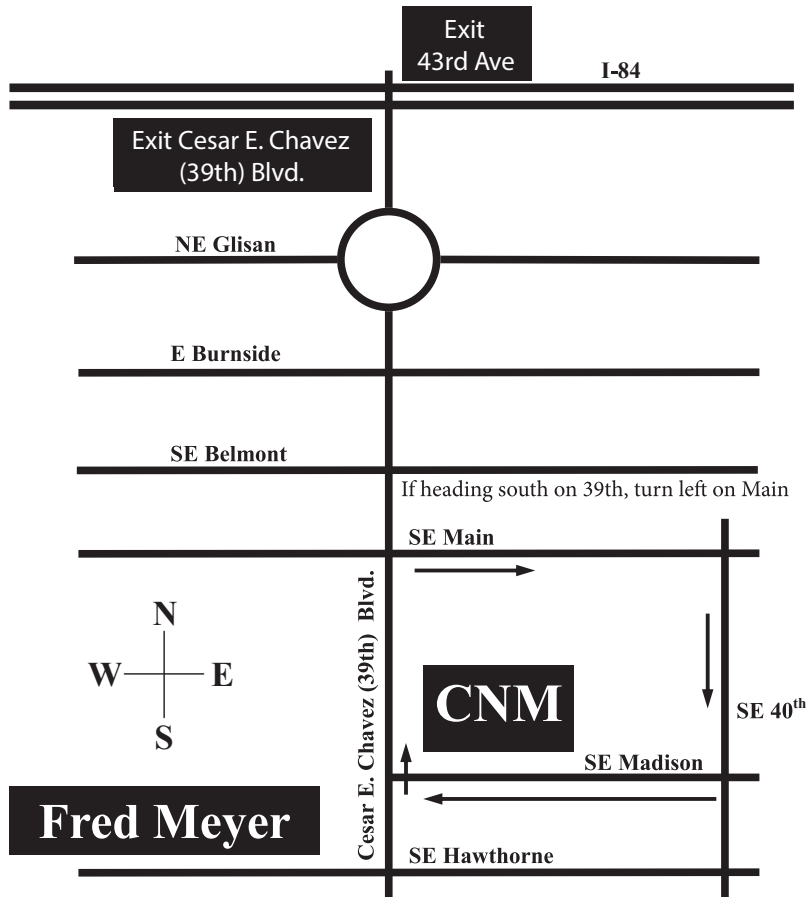
ULTRASOUND - GENERAL (off-site)

- Abdominal Rt. Upper Quadrant / Limited
 - Abdominal Complete
 - Pelvic Trans-abdominal Only
 - Pelvic Trans-abdominal & Trans-vaginal
 - Thyroid & Parathyroid
 - Testicular & scrotum
 - Soft tissue (name specific anatomical structures)
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Patient Preparation (please follow carefully)

Exercise Stress - Exercise Tolerance Test

- Do not eat, smoke, or drink caffeinated beverages 2 or more hours before being tested.
- You may need to avoid some medications before being tested. Please ask your doctor to advise you about this.
All vitamins, minerals and herbs should be avoided the day of the test.
- Wear loose fitting clothing and walking shoes or sneakers.
You will sweat during the exercise and may wish to bring a change of clothing.
- Plan to arrive early for check-in.
- The test takes about 60 minutes.
- You will be asked to sign an informed consent before being tested.



Heart & Lung Wellness at the
Center for Natural Medicine

1330 SE Cesar E. Chavez (39th) Blvd
Portland, Oregon 97214

Phone: 503-232-1100
Fax: 503-232-7751

Web: cnmwellness.com
Email: hlresident@cnmwellness.com

For more forms and info visit:
cnmwellness.com/heart-lung-wellness/

Specializing in AFFORDABLE Naturopathic
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Please contact CNM (503) 232-1100 for
Community Clinic and other
DISCOUNTED FEES

A COLLABORATIVE ALLIANCE BETWEEN

