

Referral Form
Sergio Sokol, M.D. FACC

5 Towns Heart Imaging Medical P.C.

Date: _____

Patient Name:

Diagnosis:

Clinical History:

Referring M.D.: _____

Phone: _____

- Nuclear Cardiology**
- Stress Test**
- Sonogram**
- Myocardial Perfusion Study with Ejections Fractions & Wall Motion**
- 1 Day Study**
- 2 Day Study**
- Exercise**
- Adenosine**
- Dobutamine**
- Persantine**
- Gated Blood Pool - (Muga) Rest Only LV Ejection Fraction and Wall Motion**
- Cardiology Consultation**
- Holter Monitor**
- Echocardiogram**

PHYSICIAN
SIGNATURE _____

No solid food **4 hours** prior to Stress Test.

No caffeine **24 hours** prior to Stress Test.

Do not take your medications on test day, but bring them with you.

If you cannot keep your appointment, please call **24 hours** prior, or a \$100 fee will be charged for the Nuclear Medicine.

5 Towns Heart Imaging Medical P.C.

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