



Patient Name: _____ Patient Phone Number: _____ DOB: _____

Address: _____

Detailed Clinical History: _____

Previous Cardiologist (if applicable): _____

Primary Insurance _____ Phone _____

Policy Number _____ Group _____

Secondary Insurance _____ Phone _____

Policy Number _____ Group _____

Provider Signature (Required): _____

(Printed): _____ Today's Date: _____

Provider Office Telephone Number: _____ Provider Office FAX Number: _____

ECHO - Exams available for 18 years of age and up

- Echo 2D Limited
- Echo Complete with color doppler (to include contrast if needed)

Vascular - All ages

- UE Arterial Duplex RT LT Bilateral
- LE Arterial Duplex RT LT Bilateral
- UE Venous Duplex RT LT Bilateral
- LE Venous Duplex RT LT Bilateral
- UE Art Seg pressure RT LT Bilateral
- LE ART seg pressure RT LT Bilateral
- ABI - Ankle Brachial Index
- AV Fistula RT LT
- Carotid Doppler
- Other: _____

ABDOMINAL VASCULAR EVALUATION

- Renal Artery Duplex
- Mesenteric Duplex
- Other: _____

- EKG
- Stress Test* _____
- Nuclear GXT
- Lexi Scan
- Regular GXT
- Holter Monitor*
 - 24 hour 48 hour

*Available for age 18 and older

ICD 10 Code: _____ Legible Diagnosis: _____

COMMENTS: _____

*Please send any labs, tests performed and recent office notes

Appointment Date/Time: _____ Patient notified on: _____

Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures.



Thank you for choosing the Cullman Regional for your imaging services. We welcome your questions are here to provide you with the highest quality, personalized care.

SCHEDULING YOUR EXAM

- If your physician sends your order to us, someone from our staff will call to schedule your test.
- If you haven't heard from us, feel free to give us a call so we can get you on the schedule.

PREPARING FOR YOUR EXAM

- Please arrive 30 minutes prior to your scheduled appointment to allow for registration.
- Always bring old reports or disc of old images if your prior studies were not done at Cullman Regional.

Please follow specific instructions below for your test.

- **Cardiac stress tests:** Nothing to eat or drink after midnight; no caffeine, decaf, or chocolate for at least 12 hours; bring medications and/or inhalers with you; dress comfortably; bring a light jacket/ sweater.
- **Renal Duplex:** Nothing to eat or drink after midnight.
- **Mesenteric Duplex:** Nothing to eat or drink after midnight.

EKG: No appointment necessary, bring this order sheet to Pre-Admission Testing on the first floor of Professional Office Building 1.

CONTACT US IF YOU HAVE QUESTIONS

Cullman Regional Imaging Center
1912 Alabama Highway 157
Cullman, AL 35058
Scheduling: (256) 737-2667
Questions: (256) 737-2700
www.cullmanregional.com

DIRECTIONS:

- **From Alabama Highway 157**
Turn into the hospital main entrance at the red light. Turn right and follow the circle to the left to the main hospital entrance. Pull up to the main entrance and utilize our FREE Valet Parking service. A valet attendant will take care of your vehicle from there.
- **FREE Valet Parking is available Monday-Friday, 5:00 am until 5:00 pm**
- **Directions to Registration**
From the main hospital entrance, take a left. At the end of the hall, on your right, is Central Registration. Register at the kiosk located in the waiting area.

