

Doctor Discussion Guide: Echocardiography
Improving Cardiac Health

Date: _____

For the Doctor:

Your patient has visited the website at <http://www.EchoNY.com> and has indicated that he /she would like to improve his / her cardiac health. Below you will find some of the symptoms and diagnosis that the patient has provided. This information may be helpful in helping you assess his / her medical condition.

Doctor _____

As you know, I am under your care for the following conditions:

1. _____
2. _____
3. _____

Below is a checklist is symptoms which I have experienced:

- Chest pain: _____
- Shortness of breath without exertion: _____
- Shortness of breath with exertion: _____
- Sleeping on more than one pillow: _____
- Ankle / leg swelling: _____
- Dizziness: _____
- Palpitations: _____
- Other: _____

Please consider the above information as it relates to my case and consider echocardiography and stress echocardiography in the diagnosis and / or management of my condition at this time. Thank you very much.

Yours truly,

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Patient Name _____

Clinical Diagnosis / Test Indication _____

Medications _____

Allergies _____

Prescribing Physician _____

Prescribing Physician Address _____

Prescribing Physician NPI# _____

Prescribing Physician's Phone # _____

Prescribing Physician's FAX # _____

PROCEDURE(S) REQUESTED

(Check applicable box or boxes)

- Echocardiography (Transthoracic) with Color and Doppler Flow
- Stress Exercise Echocardiography (Treadmill)
- Exercise Treadmill Test (without echocardiogram)

Physician Signature _____

- A prescription from the requesting physician has been given to the patient, who will bring it to the echocardiography laboratory.

