MemorialCare
Orange Coast Medical Center

Cardiology Services Requisition

Patient Name:		М	F Da	ate of Birth (REQUIRE	D): Phone #:			
Print Ordering Phy	sician Name:				1			
PHYSICIAN SIGNATURE (REQUIRED):					Date (REQ	Date (REQUIRED):		
Physician Phone:	ne: Physic				ian Fax:			
DIAGNOSIS (RE	QUIRED):							
ECHOCARDIO	GRAM	,	□ Ech	o with Bubble	Limited Ecl	ho		
□ Stress Echo	Doubutamine Stress Echo Doubutamine Nuclear Stress Echo							
NUCLEAR & ST	TRESS TESTING							
□ Lexiscan	□ Adenosine	Treadmill		□ Nu	clear Treadmill			
HOLTER & EVE Holters	ENT MONITOR	□ 48	Hours	□ 72]	Hours	□ Other:		
Event Monitors	□ 7 Days	□ 14	□ 14 Days		Days	□ Other:		

EKG

□ EKG 12 Lead

18111 Brookhurst St., Suite 2200

Fountain Valley, CA 92708

Echo, Nuclear Stress Test, Holter & Event Monitor Please call 714-378-7572 to make an appointment.

EKG

WALK IN ONLY

Hours: 8:00-2:30

Please register on the 1st floor with Admitting. After registration you will be directed 2nd floor Suite 2200