



MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.



Keshava H. Aithal, MD, FACC, FACP
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APPOINTMENT SCHEDULING FORM

Referring MD: Phone #: Fax #:

Date Faxed: Patient Name: DOB:

Home # Cell/Work #: SS #:

Insurance (please attach cards) Referral/Precert (if required)

Procedure(s) needed:
Consultation, OV or follow up
EKG - Is this Pre-Op?
Stress Echocardiogram
Echocardiogram
Halter Monitor
30 Day Loop Recorder
Carotid Ultrasound
Abdominal Aorta Ultrasound
Nuclear Stress Test
Exercise Stress Test
24 Hour Blood Pressure Monitor
Ankle Brachial Index (ABI)

Time Frame Requested: 24-48 hours within one week Other:

Preferred Location:

- MIDDLETOWN(MN)
OLD SAYBROOK (OS)
MARLBOROUGH (MB)

FOR OFFICE USE ONLY

APPT DATE AND TIME: LOCATION: SCHEDULER
DATE RETURNED: ADDITIONAL COMMENTS:
Technician Initials

REQUIRES ABN? YES NO