



937-223-3053 • 800-750-8891  
 FAX 937-223-3834  
 daytoncardiology.com

# One Step Scheduling

**PLEASE PRINT**

Patient Name		Date of Birth	Today's Date
Home Phone	Work Phone	Cell Phone	Best time to call patient
Patient Insurance (Include a completed referral if required.)			
Referring Physician		Phone	Fax

**Diagnosis (Must be completed.** Your patient may be asked to sign a waiver (ABN) if the diagnosis does not support medical necessity.)

Services requested:     Consult only                       Test only                       Consult and test(s)

Desired physician:     No preference                       Ceferino Cata, M.D.                       Irshad Hussain, M.D.  
                                   Raymond Pratt, M.D.                       Sukir Sinnathamby, M.D.                       Ayman Jamal, M.D.  
                                   John Duchak, M.D.                       Mujtaba Khan, M.D.                       Fazel Khan, M.D.

Office location:     Main Office (1126 S. Main Street, Dayton, OH 45409)  
                                   Greenville Office (130 W. Martz Street, Suite 5, Greenville, OH 45331)  
                                   Beavercreek Office (2141 N. Fairfield Road, Beavercreek, OH 45431)  
                                   South Office (8367 S. Yankee Street, Centerville, OH 45458)  
                                   North Office (5538 Philadelphia Drive, Dayton, OH 45415)

Test(s) requested: (if applicable)

<input type="radio"/> Exercise Stress Echo*	<input type="radio"/> 24-hour Holter Monitor*	<input type="radio"/> Carotid Ultrasound
<input type="radio"/> Dobutamine Stress Echo	<input type="radio"/> 7-14 day Event Monitor*	<input type="radio"/> Renal Ultrasound
<input type="radio"/> Rest Echo with Doppler*	<input type="radio"/> EKG*	<input type="radio"/> Abdominal Ultrasound
<input type="radio"/> Stress Cardiolute*	<input type="radio"/> _____ 7 Days _____ 14 Days _____ 30 Days	<input type="radio"/> ABI at Rest _____ with Exercise
<input type="radio"/> Adenosine Cardiolute*	<input type="radio"/> MUGA	<input type="radio"/> Venous Duplex
	<input type="radio"/> Graded Exercise Test	<input type="radio"/> Arterial Duplex

*Tests indicated with an asterisk (\*) are also available at the South Office.*

Comments: \_\_\_\_\_

SUBMITTING THIS FORM (Note: We will call the patient and schedule an appointment.)

Fax this form to us at (937) 223-3834. We will fax the patient's appointment time and location back to your office.

Call us at (937) 223-3053 x144 (or, press 0 for operator assistance) with this information and no faxing will be required.

SCHEDULED APPOINTMENT (DCVC will fill this in):

Date	Time	Location	Scheduled by
------	------	----------	--------------