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SERVICES:

- ♥ CARDIAC
 - Consultation
 - Preventive Screening
 - Treadmill Testing
 - Holter/Event Monitoring
 - Echocardiography
 - Transesophageal
 - Catheterization
 - Angioplasty
 - Pacemakers
 - Stents
- ♥ CARDIAC PET IMAGING
- ♥ PERIPHERAL VASCULAR
- ♥ ELECTROPHYSIOLOGY
- ♥ ULTRASOUND
- ♥ NUCLEAR CARDIOLOGY



Nuclear Cardiology
Accredited Nuclear
Cardiology Laboratory



Nuclear Cardiology
Accredited PET
Laboratory



VERY IMPORTANT PLEASE READ VERY CAREFULLY

IT IS YOUR RESPONSIBILITY TO OBTAIN ALL OF YOUR MEDICAL RECORDS PRIOR TO YOUR APPOINTMENT AND BRING THOSE RECORDS WITH YOU TO YOUR APPOINTMENT. THE PHYSICIAN NEEDS ALL INFORMATION ABOUT YOUR PAST MEDICAL HISTORY TO MAKE A DIAGNOSIS AND RECOMMENDATIONS. IF YOU DO NOT BRING YOUR RECORDS TO YOUR APPOINTMENT, YOUR EVALUATION MAY BE INCOMPLETE AND YOU WILL NEED TO BE SCHEDULED FOR A RETURN VISIT TO GO OVER YOUR RECORDS.

Please answer the following questions regarding your medical history:

Have you had an EKG (heart tracing) done in the last year?
IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

Have you had a chest x-ray performed in the last year?
IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

Have you had any of the following cardiac procedures?
IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

- Heart Surgery**
- PTCA/Angioplasty**
- Heart Catheterization**
- Rotablator**
- Heart Stent**
- Pacemaker or Defibrillator Implant**
- Ablation**

Have you ever had any of the following tests?
IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

- Echocardiogram** (sound wave test of the heart)
- Treadmill/Nuclear Treadmill**
- Holter Monitor**
- Carotid** (sound wave test of the neck arteries)
- Venous** (sound wave test of the veins in the arms or legs)
- Arterial** (sound wave test of the arteries in the arms or legs)

Have you had any blood work done in the last year?
IF YES, WE WILL NEED COPIES OF THE LAB RESULTS.

IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE OBTAIN COPIES AND BRING TO YOUR APPOINTMENT.

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