



VIRGINIA HEART

Excellence in Cardiovascular Care

REFERRING OFFICE: FAX REQUESTS TO (703) 591-1849
PATIENTS: CALL (703) 621-4501 FOR APPOINTMENT

- | | | |
|---|--|--|
| <input type="checkbox"/> Walter L. Atiga, MD | <input type="checkbox"/> Edward Howard, MD, FACC, RPVI | <input type="checkbox"/> Gautam Ramakrishna, MD, FACC |
| <input type="checkbox"/> Tariq A. Aziz, MD, FACC | <input type="checkbox"/> Jeffrey Jackman, MD, FACC | <input type="checkbox"/> Haroon Rashid, MD, FACC |
| <input type="checkbox"/> Subash B. Bazaz, MD, FACC | <input type="checkbox"/> Joseph M. Kiernan, MD, FACC, FSCAI | <input type="checkbox"/> Stephen P. Rosenfeld, MD, FACC |
| <input type="checkbox"/> Casey R. Benton, MD | <input type="checkbox"/> Sara Kulangara, MD | <input type="checkbox"/> Lawrence R. Rubin, MD, FACC |
| <input type="checkbox"/> Rachel L. Berger, MD, FACC | <input type="checkbox"/> Warren S. Levy, MD, FACC | <input type="checkbox"/> Anne M. Safko, MD, FACC |
| <input type="checkbox"/> Anthony Chang, MD, FACC, FACP | <input type="checkbox"/> Jeffrey S. Luy, MD, FACC | <input type="checkbox"/> Jennifer Shea, MD |
| <input type="checkbox"/> Asad E. Chaudhry, MD | <input type="checkbox"/> Alireza Maghsoudi, MD, FACC | <input type="checkbox"/> Stuart E. Sheifer, MD, FACC |
| <input type="checkbox"/> Nicholas Cossa, MD, FACC | <input type="checkbox"/> Carey M. Marder, MD, FACC | <input type="checkbox"/> Robert A. Shor, MD, FACC |
| <input type="checkbox"/> Stephen M. Day, MD, FACC | <input type="checkbox"/> Robert L. McSwain, MD | <input type="checkbox"/> Mark P. Tanenbaum, MD, FACC |
| <input type="checkbox"/> James Duc, MD, FACC | <input type="checkbox"/> Lawrence A. Miller, MD, FACC, FSCAI | <input type="checkbox"/> Ketan K. Trivedi, MD, FACC |
| <input type="checkbox"/> Timothy P. Farrell, MD, FACC | <input type="checkbox"/> Pradeep R. Nayak, MD, FACC, FASE | <input type="checkbox"/> Alexander G. Truesdell, MD, FACC, FSCAI |
| <input type="checkbox"/> Adam S. Fein, MD | <input type="checkbox"/> Michael P. Notarianni, MD, FACC | <input type="checkbox"/> Mark C. Vives, MD, FACC |
| <input type="checkbox"/> Rajat Garg, MD, FACC, FSCAI | <input type="checkbox"/> Antonio R. Parente, MD, FACC | <input type="checkbox"/> First Available Physician |
| <input type="checkbox"/> Nadim A. Geloo, MD, FACC, FSCAI | <input type="checkbox"/> Dhaval R. Patel, MD, MPH, FACC | |
| <input type="checkbox"/> Deborah Gofreed, MD, FACP, FCCP, FAASM | <input type="checkbox"/> Paula Pinell-Salles, MD, FACC | |
| <input type="checkbox"/> Tariq M. Haddad, MD, FACC | <input type="checkbox"/> Dean M. Pollock, MD, FACC | |

Date: _____

Ordering Physician: _____ Ordering Physician Signature: _____

Patient Name: _____ Preferred Location: _____

DOB: _____ Phone No. _____

NEEDED BY: Urgent (within 1 week) Routine (2-4 weeks)

Diagnosis: _____

Clinical History: _____

Special Requests/Instructions: _____

OFFICE VISIT		CARDIAC DIAGNOSTIC TESTING	
<input type="checkbox"/> Cardiology Consultation	<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Exercise Stress Echocardiogram	
<input type="checkbox"/> Consult and Treat	<input type="checkbox"/> Exercise Stress Echocardiogram with Doppler	<input type="checkbox"/> Exercise Stress Test	
<input type="checkbox"/> EP Consultation	<input type="checkbox"/> 24 Hour Holter Monitor	<input type="checkbox"/> Event Monitor	
<input type="checkbox"/> Vascular Consultation	<input type="checkbox"/> Myocardial Perfusion Imaging–Exercise	<input type="checkbox"/> Myocardial Perfusion Imaging–Pharmacologic	
<input type="checkbox"/> Pre-Op Evaluation			
VASCULAR TESTING		SLEEP AND WELLNESS CENTER	
<input type="checkbox"/> ABI–Resting	<input type="checkbox"/> Carotid Duplex	<input type="checkbox"/> Sleep Consultation	<input type="checkbox"/> Weight Loss Program
<input type="checkbox"/> ABI–Exercise	<input type="checkbox"/> Renal Artery Duplex	<input type="checkbox"/> Polysomnogram	
<input type="checkbox"/> Lower Extremity Arterial Duplex	<input type="checkbox"/> Aorta–Evaluate AAA	<input type="checkbox"/> CPAP Titration	
<input type="checkbox"/> Segmental Pressures	<input type="checkbox"/> Aortoiliac Duplex	<input type="checkbox"/> Split Night	
	<input type="checkbox"/> Venous Insufficiency Exam		

See Reverse Side for Locations

Please pre-register by completing the
Patient Registration and Patient History forms on our website:

VirginiaHeart.com

Physician Office Locations

Alexandria

4660 Kenmore Ave., Ste. 1200
Alexandria, VA 22304
Tel: 703 751-8111
Fax: 703 751-1105

Arlington

1005 N. Glebe Road, Suite 750
Arlington, VA 22201
Tel: 703 524-7202
Fax: 703 516-4501

Fair Oaks

3620 Joseph Siewick Dr., Ste. 302
Fairfax, VA 22033
Tel: 703 648-3266
Fax: 703 648-3264

Fairfax

2901 Telestar Ct., Ste. 200
Falls Church, VA 22042
Tel: 703 573-3494
Fax: 703 573-5353

Loudoun

44035 Riverside Pkwy., Ste. 400
Leesburg, VA 20176
Tel: 703 858-5421
Fax: 703 858-9573

Purcellville

205 East Hurst Rd., Ste. 101
Purcellville, VA 20132
Tel: 703 723-8664
Fax: 703 858-9573

Reston

1850 Town Center Dr., Pavilion II, Ste. 550
Reston, VA 20190
Tel: 703 437-5977
Fax: 703 478-2475

StoneSprings

24430 Stone Springs Blvd., Ste. 425
Dulles, VA 20166
Tel: 703 722-5860
Fax: 703 722-5861

Vienna

130 Park St., SE, Ste. 100
Vienna, VA 22180
Tel: 703 281-1265
Fax: 703 255-0571

Diagnostic Testing Locations

Alexandria Cardiac Diagnostic Services

4660 Kenmore Ave., Ste. 1206
Alexandria, VA 22304
Tel: 703 621-4501
Fax: 703 591-1849

Arlington Diagnostic Testing

1005 N. Glebe Road, Suite 750
Arlington, VA 22201
Tel: 703 524-7202
Fax: 703 516-4501

Fair Oaks Cardiac Diagnostic Services

3580 Joseph Siewick Dr., Ste. 301
Fairfax, VA 22033
Tel: 703 621-4501
Fax: 703 591-1849

Fairfax Cardiac Diagnostic Services

2901 Telestar Ct., Ste. 255
Falls Church, VA 22042
Tel: 703 621-4501
Fax: 703 591-1849

Loudoun Cardiac Diagnostic Services

44035 Riverside Pkwy., Ste. 330
Leesburg, VA 20176
Tel: 703 621-4501
Fax: 703 591-1849

Purcellville Diagnostic Testing

205 East Hurst Rd., Ste. 101
Purcellville, VA 20132
Tel: 703 723-8664
Fax: 703 858-9573

Reston Diagnostic Testing

1850 Town Center Dr., Pavilion II, Ste. 550
Reston, VA 20190
Tel: 703 437-5977
Fax: 703 478-2475

StoneSprings Diagnostic Testing

24430 Stone Springs Blvd., Ste. 425
Dulles, VA 20166
Tel: 703 722-5860
Fax: 703 722-5861

Vienna Diagnostic Testing

130 Park St., SE, Ste. 100
Vienna, VA 22180
Tel: 703 281-1265
Fax: 703 255-0571

Sleep Centers

Fairfax

2901 Telestar Ct., Ste. 440
Falls Church, VA 22042
Tel: 703 621-4503
Fax: 703 766-5921

Loudoun

44035 Riverside Pkwy., Ste. 400
Leesburg, VA 20176
Tel: 703 621-4503
Fax: 703 766-5921

Heart Rhythm Center

Fairfax

2901 Telestar Ct., Ste. 200
Falls Church, VA 22042
Tel: 703 208-9797
Fax: 703 591-0829

*If your insurance requires
a referral, it must be
presented prior to your
appointment. If you do
not have a referral, your
appointment will have to
be rescheduled.*

