

# MAPLEVIEW DIAGNOSTIC CENTER

35200 Dequindre Rd. Suite 400, Sterling Heights, MI 48310

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male or Female

Ordering Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

	<b>Abnormal EKG</b>		<b>Headache</b>		<b>Myocardial Infarction</b>		<b>Pre-Op Clearance</b>
	<b>Alpha Intrusion</b>		<b>Hyperparathyroidism</b>		<b>Murmur</b>		<b>PTA</b>
	<b>CABG</b>		<b>Hypercalcaemia</b>		<b>Narcolepsy w/ Cataplexy</b>		<b>RLS</b>
	<b>CAD</b>		<b>Hyperlipidemia</b>		<b>Obesity</b>		<b>Shortness of Breath</b>
	<b>Chest Pain</b>		<b>Hypertension</b>		<b>OSA</b>		<b>Sleep Apnea</b>
	<b>CHF</b>		<b>Hypersomnia</b>		<b>Overweight</b>		<b>Smoker</b>
	<b>Desaturation</b>		<b>Hypersomnolence, Primary</b>		<b>Hypersomnolence, With Sleep Apnea</b>		<b>Snoring</b>
	<b>Diabetes</b>		<b>Insomnia</b>		<b>Osteoporosis</b>		<b>Stroke</b>
	<b>Dyspnea</b>		<b>Limb Weakness</b>		<b>Osteopenia</b>		<b>Syncope</b>
	<b>EDS</b>		<b>Low Testosterone</b>		<b>Palpitations</b>		<b>Vertigo</b>
	<b>Fatigue</b>		<b>LVH</b>		<b>PLMD</b>		<b>Vitamin D Deficiency</b>

	<b>Bone Density</b>
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## Cardio Vascular:

	<b>Echocardiogram</b>		<b>Carotid Ultrasound</b>
	<b>EKG</b>		<b>Arterial Doppler Upper ( B / L / R )</b>
	<b>Exercise Stress Test</b>		<b>Arterial Doppler Lower ( B / L / R )</b>
	<b>Holter Monitor</b>		<b>Renal Artery</b>
	<b>Nuclear Stress Exercise</b>		<b>Venous Doppler Upper ( B / L / R )</b>
	<b>Nuclear Stress Chemical</b>		<b>Venous Doppler Lower ( B / L / R )</b>
	<b>Stress Echo</b>		<b>Aortic Doppler</b>

## Sleep Study:

	<b>Pulse Oximetry</b>		<b>Multiple Sleep Latency Test (MSLT)</b>
	<b>Polysomnogram (PSG)</b>		<b>Maintenance of Wakefulness Test (MWT)</b>
	<b>Polysomnogram (PSG) Split</b>		<b>BiPAP/CPAP Titration</b>

## Ultrasound:

	<b>Abdomen</b>		<b>Pelvic Non Vascular</b>
	<b>Breast</b>		<b>Thyroid</b>
	<b>Extremity Non Vascular</b>		<b>Testicular</b>
	<b>Kidney</b>		<b>Transvaginal</b>

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_