

*Dear Colleague:*

*Thank you for your recent referral of patient \_\_\_\_\_.*  
*The testing ordered requires prior authorization from the insurance company. In order to assist us with scheduling an appointment, please supply us with the following:*

**FOR NUCLEAR TEST:**

- Diagnosis:* \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Past history of MI, heart attack, antioplasty, Bypass Surgery, or any other heart related problem*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- EKG (Abnormality, Afib, t-wave abnormalities)*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Previous treadmill test results*

*Your anticipated cooperation is greatly appreciated. Please fax any/all testing to (310) 289-9955.*

*Sincerely,*

*Flora S.*  
*Authorization Dept.*