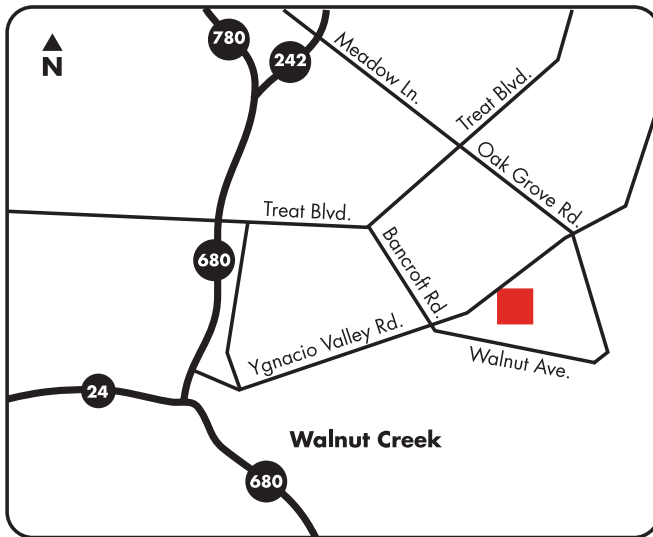


2161 Ygnacio Valley Rd. • Suite #100
 Walnut Creek, CA 94598
 (925) 939-3003 • (925) 939-6006 Fax


Directions:
From Sacramento/Concord

Traveling Southbound on 680: Exit at the Treat Blvd./Geary Road exit. Turn left onto North Main Street. Turn Left onto Treat Blvd. Follow Treat Blvd. to Bancroft Road and turn right. Make a left onto Ygnacio Valley Road. HeartScan-Walnut Creek is located on the right hand side at 2161 Ygnacio Valley Road, Suite 100.*

From San Jose/San Ramon

Traveling Northbound on 680: Exit Ygnacio Valley Road and turn right at the bottom of the exit ramp. Follow Ygnacio Valley Road to 2161 Ygnacio Valley Road, Suite 100.*

Traveling Westbound on Ygnacio Valley Road: Make a U-turn at Walnut Avenue/Bancroft Road. HeartScan is located at 2161 Ygnacio Valley Road, Suite 100.*

From San Francisco

Take 80/580 over the Bay Bridge. Merge onto 24 toward Walnut Creek. Take 680 toward Concord/Sacramento. Exit Ygnacio Valley Road. Turn right and follow Ygnacio Valley Road to 2161 Ygnacio Valley Road, Suite 100.*

From Marin County

Traveling Southbound on 101: Take 580 toward Rinchmond/San Rafael Bridge to 80/580. Merge onto 24 toward Walnut Creek. Take 680 toward Concord/Sacramento. Exit Ygnacio Valley Road. Turn right and follow Ygnacio Valley Road to 2161 Ygnacio Valley Road, Suite 100.*

* We are located next door to Sunrise Assisted Living. Make a right into their driveway, then an immediate right into our parking lot.

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 (800) 469-4327 Toll Free

www.heartscan.com

Patient:

Name _____ DOB _____

Procedures:

- | | |
|---|---|
| <input type="checkbox"/> HeartScan (Coronary Artery Scan) | <input type="checkbox"/> Lung Scan |
| <input type="checkbox"/> Electron Beam Angiography | <input type="checkbox"/> Full Body Scan |
| <input type="checkbox"/> Bone Mineral Density Scan | <input type="checkbox"/> Colonography |
| <input type="checkbox"/> Head Scan | |

Diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Chronic Ischemic Heart Disease |
| <input type="checkbox"/> Other _____ | |

Patient History:

Referring Physician:

Name (PLEASE PRINT CLEARLY) _____

Signature _____

Address _____

Copy of report to _____

Patient Information

- Please complete the medical history questionnaire and bring it with you.
 - The exam is payable at the time of your appointment.
 - We accept cash, personal checks, Visa and Mastercard.
- Please call us in advance if you are unable to keep your appointment.
- Results will be mailed to you and your physician within 7-10 business days.