

Date of Referral: _____

Patient:	Date of Birth:	Patient Phone:
Patient Height:	Patient Weight:	We contact insurance providers to pre-authorize testing. Please provide patient's insurance information to facilitate.
Requesting Provider:	Requesting Provider Phone:	Insurance Plan:
Reason for Requested Services (Diagnosis/Symptom) & Comments:		Insurance ID:

PLEASE INDICATE:

Urgent Testing (scheduled in April/May)
Routine Testing (schedule in June/ July)

___ 1 week ___ 2 week ___ 1 month
 ___ Routine

Consultation (99201-99205)

- Cardiology or Continued Care**
- Vascular / Venous**
- Electrophysiology**
- Pre Surgical / Preoperative**

- EKG w/Interpretation (93000, 93010)**

Echocardiogram (Please Circle Indication)

- Transthoracic (TTE) (93306-93308)**
 - Pulmonary hypertension (I27.0, I27.2)
 - Coronary artery disease (I25.5, I42.X)
 - Abnormal ECG (R94.31)
 - Hypertension (I10)
 - Edema (R60.0)
 - Murmur (R01.1)
- Arrhythmia (Tachycardia, Bradycardia, A-fib) (I47, I48, I49)
- Aortic valve disease (I35.X)
- Mitral valve disease (I34.X)
- History of TIA/CVA (I69.9, G49.9)
- Congestive Heart Failure (I50.40)
- Other: _____

Stress Testing (Please Circle Indication)

Please note that dobutamine stress echos are available only at your local hospital.

- *Standard Walking Treadmill (93015-93018)**
 - Coronary artery disease (I25.10)
 - Pulmonary hypertension (I27.0, I27.2)
 - Cardiomypopathy (I25.5, I42.9)
 - Angina (I20.9) or chest pain (R07.89)
 - Pre-op risk assessment
 - Arrhythmia (Tachycardia, Bradycardia, A-fib) (I47, I48, I49)
 - LV outflow tract obstruction (I42.1)
 - Poor exercise tolerance (R53.83)
 - AEIB (New I48.0, Persistent I48.1, Chronic I48.2)
 - Other: _____
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- *Stress Echo - Treadmill (93350-93351)**
 - Coronary artery disease (I25.1X)
 - Angina (I20.9) or chest pain (R07.89)
 - Hypertension (I10)
 - Shortness of breath (R06.02)
 - Abnormal ECG (R94.31)
 - Arrhythmia (Tachycardia R00.0, Bradycardia R00.1, A-fib)
 - Poor exercise tolerance (R53.83)
 - Pre-op risk assessment
 - Other: _____

Nuclear Testing (Please Circle Indication)

- *Walking Nuclear Stress (78451-78454)**
- *Pharmacologic Nuclear Stress (78451-78454 + Nuclear Drugs)**
 - Coronary artery disease (I25.10)
 - Angina (I20.9) or chest pain (R07.89)
 - Hypertension (I10)
 - Shortness of breath (R06.02)
 - Abnormal ECG (R94.31)
 - Cardiomypopathy
 - lmspec (I42.9)
- Arrhythmia (Tachycardia, Bradycardia, A-fib) (I47, I48, I49)
- Poor exercise tolerance (R53.83)
- Pre-op risk assessment (Z01.818)
- Other: _____

MUGA Scan (78472) (Please Circle Indication)

(Test performed at Winchester Office only)

- Cardiomypopathy (I42.9)
- CAD (I25.10)
- Angina (I20.9) or chest pain (R07.89)
- Hypertension (I10)
- Other: _____

Electrophysiology/Rhythm (Please Circle Indication)

- Holter Monitor (93224)** 24 Hour 48 Hour
 (Continuous recording for short term monitoring)
- Event Monitor (93268) Days** 7 14 21 30
 (Dual monitoring / Event triggered/ Patient activates when symptomatic)
- Mobile Telemetry (MCOT) Days** 7 14 21 30
 (93228) (93229)
 (MCOT ePatch/ Continuous monitoring/ Patient activates when symptomatic)
 - Palpitations (R00.2)
 - Dizziness (R42)
 - Syncope (R55)
 - Angina (I20.9) or chest pain (R07.89)
 - Arrhythmia (Tachycardia R00.0, Bradycardia R00.1) (I47, I49)

Allow monitor tech to change based on insurance authorization

Vascular Studies (Please Circle Indication)

- Carotid Artery Ultrasound (93880)**
 - Dizziness (R42)
 - Syncope (R55)
 - Carotid artery disease (I65.29)
 - History of TIA (G45.9) CVA (I63.9)
 - Subclavian stenosis (I87.1)
- Bruit (R09.89)
- History of CEA (Z98.89)
- History of carotid stent (Z95.5)
- Pre-op risk assessment
- Other: _____

***Renal Artery Ultrasound (93975)**

- Renal artery stenosis (I70.1)
- Chronic kidney disease (N18.9)
- History of renal artery stenting (Z95.82X)
- Acute renal insufficiency (N28.9)
- Renal atrophy (N26.1)
- Flash pulmonary edema (J81.0)
- Hypertension (I10)
- Pre-op risk assessment (Z01.818)
- Other: _____

ABI/PVR (93922) Resting Only With Exercise

(Test performed at Winchester Office only)

- Leg pain (M79.60X)
- Known PAD (I73.9)
- History of stent (Z95.820)
- History of bypass (I70.3X)
- Ulcer (I70.23-25)
- Other: _____

Lower Extremity (Arterial) Duplex (93925)

- Left Right Bilateral
- Leg pain (M79.60X)
- Known PAD (I73.9)
- History of stent (Z95.820)
- History of bypass (I70.3X)
- Ulcer (I70.23-25)
- Other: _____

***AAA Screening (G0389)**

- Abdominal aortic aneurysm (I71.1-4)
- Meets screening criteria: 1) Smoked more than 100 cigs in lifetime 2) Family History of AAA
- Other: _____

***These tests require advanced patient prep. (See other side)**

Welcome to Panhandle Cardiology and Vascular Medicine's *Cardiovascular Imaging Center.* Below are prep instructions.

★ Nuclear and Treadmill Prep Instructions

- **DO NOT EAT 4 HOURS PRIOR** to the test. You may have water or juice.
- **ABSOLUTELY NO CAFFEINE 12 HOURS BEFORE THE TEST.** This includes coffee, tea, sodas, decaf drinks and chocolate. You may have water, milk, or juice.
- **NO TOBACCO PRODUCTS 8 HOURS PRIOR** to the test.
- **Wear** loose, **comfortable clothing** and rubber soled **walking shoes**.
- **Beta Blockers** should be **held for 24 hours for EXERCISE stress testing**, unless otherwise instructed by your physician. If you hold medications, bring with you to testing. All other medications can be taken.
Beta Blockers include (brand/generic):

Atenolol/Tenormin	Metoprolol/Lopressor/Toprol	Coreg/ Carvedilol
Inderal/Propranolol	Bystolic/ Nebivolol	Zebeta/Bisoprolol
Blocadren/Timolol	Corgard/Nadolol	Trandate/Labetalol

★ Stress Echo Prep Instructions

- **DO NOT EAT 2 HOURS PRIOR** to the test. You may have water or juice.
- **REASONABLE AMOUNT (1 CUP) OF CAFFEINE** is acceptable **2 HOURS** prior to test.
- **NO TOBACCO PRODUCTS 8 HOURS PRIOR** to the test.
- **Wear** loose, **comfortable clothing** and rubber soled **walking shoes**.
- **Beta Blockers** should be **held for 24 hours for EXERCISE stress testing**, unless otherwise instructed by your physician. If you hold medications, bring with you to testing. All other medications can be taken.
Beta Blockers include (brand/generic):

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Blocadren/Timolol	Corgard/Nadolol	Trandate/Labetalol

Renal Artery Ultrasound and AAA Prep Instructions

1. **Fast 6 hours prior. No food or drink 6 hours prior to test.**
2. Avoid carbonated beverages the day before your scheduled exam.
3. Take all prescribed medications with a small amount of **WATER** only.
4. Do not chew gum on the day of your exam.

We are conveniently located **off I-81, exit 20 towards Route 11,**
located in the **Valley Health I Spring Mills** building.