



**REFERRAL FAX FORM**  
(Operating thru COVID-19 Pandemic)

1870 Amherst Street  
Suites 100 & 200  
Winchester, VA 22601  
Main: (540) 662-0306  
Fax: (855) 264-2066

Date of Referral: \_\_\_\_\_

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

**PLEASE INDICATE:**

**Urgent Testing (scheduled in April/May)**

\_\_\_ 1 week

\_\_\_ 2 week

\_\_\_ 1 month

**Routine Testing (schedule in June/ July)**

\_\_\_ 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)
- Cardiomyopathy (I25.5, I42.X)
- Coronary artery disease (I25.10)
- 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)
- Cardiomyopathy (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: \_\_\_\_\_

☐ **\*Stress Echo - Treadmill (93350-93351)**

- Coronary artery disease (I25.10)
- 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)
- Cardiomyopathy
- Imspec (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)**

- Cardiomyopathy (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

(Mailing to Patient) (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

- 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 Winchester 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.  
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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.

WCVM is located on the **Winchester Medical Center Campus**, at the Valley Health Heart and Vascular Building. If parking in Orange Lot E, enter at the Heart and Vascular entrance. If parking in Blue Lot D, use the Cardiac & Pulmonary Rehabilitation entrance.

