

1. **Fax** completed order to schedule an appointment:
(256) 801-6896
2. **CALL** to schedule: (256) 801-6878 or (256) 801-6911

PLEASE SEND DEMOGRAPHICS SHEET w/ORDER

PATIENTS LEGAL NAME	DATE OF BIRTH	PATIENT PHONE	Insurance Pre-Cert/Auth #
PHYSICIAN OFFICES Tests cannot be performed without listing the signs/symptoms and/or reason(s) for each test ordered along with the ICD-10 code. Physicians should only order tests that are medically necessary for diagnosis or treatment of the patient, not for screening purposes. Ordering physician is responsible for obtaining insurance approval when required by insurance.			
Your office will be contacted prior to test being performed if this form is not complete.			
PATIENT SIGNS/SYMPTOMS	Pt Weight	ICD-10 CODE or CODES :	
	PT Height		
PHYSICIAN NAME (PLEASE PRINT)	APPOINTMENT DATE:		
	APPOINTMENT TIME:		
X	ARRIVAL TIME:		
ORDERING PHYSICIAN'S SIGNATURE	DATE/TIME	Special Instructions:	
Signature Stamps Are Not Valid			

APPOINTMENTS NECESSARY FOR EXAMS LISTED BELOW

NUCLEAR CARDIOLOGY

V	EXAM	CPT CODES
	Stress MPI Treadmill	78452 + 93016 + 93018
	Pharmacologic Stress MPI	78452 + 93016 + 93018
	PET MPI	78492
	Rest MUGA	78472

EKG

V	EXAM	CPT CODES
	EKG 12 Lead	93000
	Treadmill GXT (NPO 2 hrs)	93015

HOLTER MONITOR/OTHER

V	EXAM	CPT CODES
	Holter Monitor <input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour <input type="checkbox"/> 72 hour	93224
	CPET (Cardiopulmonary Exercise Test) VO2 Max	94621

ECHOCARDIOGRAPHY

V	EXAM	CPT CODES
	Complete Echo	93306
	Limited Echo	93308
	Complete Echo w/ Bubble	93306
	Complete Echo w/ Optison Enhancement	93306 / Q9957
	Complete Echo w/ Strain	93306/Q399T
	Dobutamine Echo	93350
	Walking Stress Echo	93018 + 93016

VASCULAR ULTRASOUND

V	EXAM	CPT CODES
	<input type="checkbox"/> Venous Duplex <input type="checkbox"/> Lower <input type="checkbox"/> Upper <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	Unilateral 93971 Bilateral 93970
	Venous Reflux Study	Bilateral 93970
	<input type="checkbox"/> Arterial Duplex <input type="checkbox"/> Lower <input type="checkbox"/> Upper <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	Upper Unilateral 93931 Upper Bilateral 93930 Lower Unilateral 93926 Lower Bilateral 93925
	<input type="checkbox"/> Site Check for Pseudo <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	See Above
	<input type="checkbox"/> Segmental Arterial Study <input type="checkbox"/> ABI <input type="checkbox"/> Multi-level <input type="checkbox"/> w/exercise	93922 / 93923
	Carotid Duplex	93880
	Transcranial Doppler	93886
	Abdominal Duplex	93975
	Mesenteric Duplex	93975
	Renal Duplex	93975

Nuclear Cardiology Instructions: No caffeine 12 hours prior to test. Nothing to eat or drink 2 hours prior. Testing may take up to 3 hours and may require a second day return.

CPET Instructions: Wear comfortable clothes and walking shoes. Nothing to eat or drink 3 hours prior, avoid caffeine day of test. Do not vape or smoke on the day of test. Take all meds including beta blocker on the day of your test.

Vascular Instructions: Abdominal/Renal/Mesenteric- A light snack is allowed up to 6 hours prior to testing. Medication may be taken with a sip of water. Testing may take up to 1.5 hours.

Echo Instructions: Dobutamine or Stress Echo-No caffeine 12 hours prior, nothing to eat/drink 2 hours prior, hold Beta Blockers for 48 hours prior to testing. Testing may take up to 1.5 hours.