

1. **FAX** completed order to schedule an appointment:

**Huntsville** (256) 801-6896

2. **CALL** to schedule at location of choice:

**Huntsville** (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 #
<b>PHYSICIAN OFFICES</b> 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. <b>Ordering physician is responsible for obtaining insurance approval when required by insurance.</b>				
<i>Your office will be contacted prior to test being performed if this form is not complete.</i>				
PATIENT SIGNS/SYMPTOMS		Patient Weight:	ICD-10 CODE or CODES :	
		Patient Height:		
PHYSICIAN NAME (PLEASE PRINT)		APPOINTMENT DATE:		
X		APPOINTMENT TIME:		
ORDERING PHYSICIAN'S SIGNATURE		DATE/TIME		
<i>Signature Stamps Are Not Valid</i>		ARRIVAL TIME:		
		Special Instructions:		

**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

**E K G**

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

**HOLTER/EVENT MONITOR**

V	EXAM	CPT CODES
	Holter Monitor <input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour <input type="checkbox"/> 72 hour	93224
	Cardiac Event Monitor	Call office for enrollment form

**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	93306/0399T
	Dobutamine Echo	93350
	Walking Stress Echo	93018 + 93016

**VASCULAR ULTRASOUND**

V	EXAM	CPT CODES
	Venous Duplex <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Unilateral 93971 Bilateral 93970
	Venous Reflux Study	Bilateral 93970
	Arterial Duplex <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Upper Unilateral 93931 Upper Bilateral 93930 Lower Unilateral 93926 Lower Bilateral 93925
	Site Check for Pseudo <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	See Above
	Segmental Arterial Study <input type="checkbox"/> ABI <input type="checkbox"/> Multilevel <input type="checkbox"/> With Exercise	93922 93923 93924
	Carotid Duplex	93880
	Transcranial Doppler	93886
	Abdominal Duplex	93975
	Mesenteric Duplex	93975
	Renal Duplex	93975

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

**EKG Instructions:** Wear comfortable clothes and walking shoes.

**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 before test, nothing to eat/drink 2 hours before test and hold Beta Blockers for 48 hours prior to testing. Testing may take up to 1.5 hours.