

University of Connecticut Health Center John Dempsey Hospital Order Fax: (860)-679-4256 Patient Name:

Date of Birth: / / Gender: [] M []F

Patient Phone:

MR#:

ADVANCED CARDIAC IMAGING (CT AND MRI) REQUEST FORM For any questions contact UCONN Cardiology 860-679-3343

PATIENT HISTORY:	
CARDIAC CT YOU MUST CHOOSE ONE OF THE FOLLOWING APPROVED INDICATIONS [] Chest pain 786.50 [] Coronary artery disease 414.0 [] Dyspnea 786.09 [] Congestive heart failure 428.0 [] Cardiomyopathy 425.4 [] Arrhythmia 427.9 [] Syncope 780.2 [] Mitral Valve Disorder 424.0 [] Aortic Valve Disorder 424.1	 YOU MUST CHOOSE ONE OF THE FOLLOWING PROTOCOLS: [] Coronary CTA with IV Contrast^{1,2} (CPT 75574) Evaluate for stenosis and vessel origin and course [] With Calcium Score (CPT 75571) [] Cardiac CT for Calcium Score Only (CPT 75571) Risk stratification in patients without known coronary disease [] Cardiac CT with IV Contrast for Morphology¹ (CPT 75572) For morphology/function of cardiac chambers: size, hypertrophy [] With LVEF Estimation [] Cardiac CT w/ IV Contrast for Congenital Heart Disease¹ (CPT 75573) For morphology/function in patients with known congenital heart disease
 Creatinine 2. For all CTA coronary studies: Ta 	Physician Signature: