



**NON-INVASIVE CARDIOLOGY PROCEDURE REQUISITION**

**INSTRUCTIONS**

1. Leave completed Request in front of the chart.
2. Call Cardiology (679-3343) to schedule the study requested.

Source <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Room			Date of this request	
Patient's Name (Last, First)			MRN	Date Exam Needed
Address (Street, Town, State, Zip)				
Phone Number	Birth date	Sex	Weight:	

**Medications:**

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**Indication Required:**

794.31	Abnormal EKG		
424.1	Aortic valve disease		
427.9	Arrhythmia		
427.31	Atrial fibrillation		
427.32	Atrial flutter		
790.7	Bacteremia		
425.4	Cardiomyopathy		
436	Cerebrovascular accident		
786.50	Chest pain		
496	COPD		
414.00	Coronary artery disease		458.9 Hypotension
428.0	Congestive heart failure		424.0 Mitral valve disease
250.00	Diabetes mellitus		785.1 Palpitations
782.3	Edema		423.9 Pericardial disease
785.2	Heart murmur		710.1 Scleroderma
272.4	Hyperlipoproteinemia		780.2 Syncope
401.9	Hypertension, unspecified		427.1 Tachycardia, paroxysmal

**Indicate Test Required:**

Transthoracic Echocardiogram - complete (93307, 93320, 93325)
Exercise Stress Echo ( <i>able to walk on treadmill</i> ) (93016, 93018, 93350)
Dobutamine Stress Echo ( <i>unable to walk on treadmill</i> ) (93016, 93018, 93350)
<u>Holter Monitor 93224</u>
<u>Event Monitor 93268</u>
EKG 93010
Other (specify):

Other \_\_\_\_\_

**Signature (required): PLEASE PRINT MD NAME:**

ATTENDING PHYSICIAN M.D. Date:	HOUSE OFFICER IN CHARGE M.D. Date:
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