



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)			Date Exam Needed	
Address (Street, Town, State, Zip)				
Phone Number:	Birth date:	Sex:	Weight:	MRN:

Medications:

Indicate Test Required:

Transthoracic Echocardiogram - complete w/ 3D 93306	Holter Monitor (93225,93226 JDH 93227 UP)
Exercise Stress Echo (<i>able to walk on treadmill</i>) (93350 ,93016, 93018)	Event Monitor (93270 JDH 93272 UP)
Dobutamine Stress Echo (unable to walk on treadmill) (93350, 93016, 93018)	EKG (93005 JDH, 93010 UP)
Other (specify):	

Indication Required:

794.31	Abnormal EKG	496	COPD	428.0	Congestive heart failure
424.1	Aortic valve disease	414.00	Coronary Artery Disease	458.9	Hypotension
427.9	Arrhythmia	786.50	Chest pain PROMISE Y() N ()	424.0	Mitral Valve Disease
427.31	Atrial fibrillation	250.00	Diabetes mellitus	785.1	Palpitations
427.32	Atrial flutter	782.3	Edema	423.9	Pericardial Disease
790.7	Bacteremia	785.2	Heart murmur	710.1	Scleroderma
425.4	Cardiomyopathy	272.4	Hyperlipoproteinemia	780.2	Syncope
436	Cerebrovascular Accident Saline contrast to assess interatrial shunt Y() N ()	401.9	Hypertension, unspecified	427.1	Tachycardia, paroxysmal
786.09	Dyspnea		Others		

Date Scheduled:

AUTHORIZATION #: _____ **No auth required:** _____

PLEASE PRINT MD NAME:

Signature (required):

Date:

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