

CARDIO/PULM/VASC REFERRAL FORM

Mon-Fri, 8 a.m. - 5 p.m. to schedule all exams *(If exam needs to be cancelled, please notify department 24 hours in advance.)*

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Phone: _____

Male Female Appointment Date: _____ Appointment Time: _____

Primary Insurance: _____ Secondary: _____ Authorization: _____

Cardiovascular Diagnosis/Symptoms: _____

Pulmonary Diagnosis/Symptoms: _____

Route Results to (other physician)

Name: _____

Address: _____

Phone: _____ Fax: _____

Authorization Number: _____

ECHOCARDIOGRAPHY

- 93306 - 2D Echo
w/ Color Flow Doppler (CFD)
 - w/ saline bubble study
 - w/ definity

- 93308 - 2D LTD/Follow Up (No CFD)
 - w/ saline bubble study
 - w/ definity

- 93308 - Stress Echo
 - Treadmill
 - Dobutamine

STRESS TEST/NUCLEAR CARDIOLOGY

- 93017 - Regular Treadmill Stress Test
- 78452 & 93017 - Nuclear Stress Test
 - with treadmill
 - Chemical _____
Schedule 2 day if > 275 lbs
- 93350 - Stress Echo
 - Treadmill
- 93350 - Dobutamine
- 93230 - Holter Monitor
- 93271 - 30 Day Event Monitor
- 93005 - EKG:
No Appointment Required
7:30 a.m. - 5 p.m. Mon-Fri

PULMONARY FUNTION STUDIES

- 82805 - ABG (Arterial Blood Gas)
Specify FIO2 required _____
- 94060, 94726, 94729 - Complete PFT
(PFT with bronchodilator, DLCO, Pleth)
(Hold all inhalers 4 hours prior to test)
- 94010 - Pre Bronchodilator Spirometry
- 94729 - Diffusion Study or DLCO
- 94726 - Pleth
(Lung Volume & Airway Resistance)
- 94070 - Methacholine Challenge
(Hold all inhalers/bronchodilators/
antihistamines 48 hours prior to testing)
- 94621 - Exercise VO2 max metabolic study
 - with Arterial Blood Gases
(at rest and peak exercises)
- 94620 - 6 min walk or
 Helios Evaluation
- 93017 - Treadmill with Oximetry
- 94620 - Exercise Provocation
(Hold all inhalers/bronchodilators/
antihistamines 48 hours prior to testing)
- Pentamidine Aerosol Therapy

VASCULAR DEPARTMENT

- 93880 - Carotid Duplex Scan
- 93922 - Ankle-Brachial Index (ABI)
- 93971 - Unilateral Venous
 - Arm Leg Right Left
- 93970 - Bilateral Venous
 - Arm Leg
- 93923 - Arterial Doppler
 - Arm Leg
- 93924 - Lower Extremity Arterial Doppler
Rest and Stress
- 93926 - Unilateral Lower Extremity Arterial Duplex
 - Right Left
- 93925 - Biilateral Lower Extremity Arterial Duplex
- 93931 - Unilateral Upper Extremity Arterial Duplex
 - Right Left
- 93930 - Biilateral Upper Extremity Arterial Duplex
- **Abdominal**
- 93978 - Aorta
- 93975 - Renal
- 93975 - Portal/Heptic
- 93975 - SMA/Celiac

****No food or drink after 10 p.m. Meds only with small amount of water. No gum or smoking morning of study.**

Ordering Physician Signature: _____ Date: _____ Time: _____

Via (Office Staff): _____

Corresponding visit ID Number: _____

***The above named ordering physician hereby authorizes this electronic signature for this exam as evidenced by their physical signature contained in the above referenced visit ID number.**

***The above named ordering physician understands all forms sent containing PHI must be encrypted and the burden of encryption falls on the sender.**

