



CARDIOVASCULAR DIAGNOSTIC TESTING ORDER SHEET

Today's Date _____ Patient Name _____ DOB _____

Height _____ Weight _____ Allergies _____

Patient Phone # _____ Ordering Physician Name _____

INSURANCE _____ Authorization #/RQI # (if required) _____ DIAGNOSIS/ICD-9 _____

All referrals made out to: Copley Memorial Hospital

Note: This does not replace referral forms required by most HMO/POS insurance plans.

These plans may require a referral be processed prior to a test being performed. Please check with individual plan guidelines.

- | | |
|--|--|
| <input type="checkbox"/> Echocardiography (93306) | <input type="checkbox"/> Regular Exercise Stress Test (93016,93017,93018) |
| <input type="checkbox"/> AV Optimization (93308,93321,93325,93284) | <input type="checkbox"/> Stress Echocardiogram (93351) <ul style="list-style-type: none">○ W/Dobutamine (add J1250) |
| Vascular Studies | <input type="checkbox"/> Nuclear Stress Test (93016,93017,93018,78452,A9502) |
| <input type="checkbox"/> Carotid Doppler (93880) | <input type="checkbox"/> Nuclear Stress w/Pharmacological Agent (93016,93017,93018,78452,A9502, add Lexiscan-J2785 or Adenosine -J0152 or Dobutamine-J1250) |
| <input type="checkbox"/> Abdominal/Aorta Ultrasound (93978) | <input type="checkbox"/> MUGA (78472) |
| <input type="checkbox"/> Renal Artery Duplex (93975) | <input type="checkbox"/> EKG (93005, 93010) |
| <input type="checkbox"/> Mesenteric Duplex (93976) | <input type="checkbox"/> T Wave Alternans Test (93025) |
| <input type="checkbox"/> Ankle-Brachial Index (ABI) (93922) | <input type="checkbox"/> Ambulatory Blood Pressure Monitor (93784) |
| <input type="checkbox"/> ABI w/exercise (93924) | <input type="checkbox"/> Holter Monitor-24 hour (93225,93226,93227) |
| ARTERIAL STUDIES: | <input type="checkbox"/> Event Monitor-30 day (93228,93270,93271,93272,93268) |
| <input type="checkbox"/> Lower Extremity: Bilateral Study (93922, 93925) | |
| <input type="checkbox"/> Lower Extremity: Unilateral/Limited Study (93926) | |
| <input type="checkbox"/> Upper Extremity: Bilateral Study (93930) | |
| <input type="checkbox"/> Upper Extremity: Unilateral Study (93931) | |
| VENOUS STUDIES | |
| <input type="checkbox"/> Upper /Lower Extremity: Bilateral Study (93970) | |
| <input type="checkbox"/> Upper Extremity: Unilateral Study (93971) | |

Physician Signature _____
(Signed written order required in order to perform requested tests)

Date of Appointment _____ Time of Appointment _____

RUSH-COPLEY CARDIOVASCULAR TESTING LOCATIONS

- 2088 Ogden Avenue, Suite 150 ○ 2000 Ogden Ave. ○ 1320 N. Highland Ave, Suite A

**PATIENTS: CALL (630) 851-6440 TO SCHEDULE
DOCTORS: PLEASE FAX TO (630) 851-7001 & GIVE COPY TO PATIENT**