

CARDIOVASCULAR DIAGNOSTIC IMAGING ORDER (SAHS-0104)	
PATIENT & PROVIDER INFORMATION	
Patient Name: (Last Name, First Name)	Date of Birth
Patient Phone Number ()	Patient Height & Weight (lbs*)
Pre-Auth #	Providers Phone ()
Ordering Practitioner Name (Please Print)	Providers Fax ()
Practitioners Signature	Date
Indications (Please be specific):	



PATIENT INSTRUCTIONS ON REVERSE

FAX NUMBERS:

(208) 367-7788

PHONE NUMBERS:

LOCAL PHONE: (208)-367-8787

TOLL FREE: (877) 397-8787

CARDIAC & VASCULAR TESTS (Practitioner must check tests requested)
<input type="checkbox"/> ECG/EKG: 12 Lead Electrocardiogram
<input type="checkbox"/> EXTERNAL MONITOR: 2-week monitor (Outpatient and Hospital)
<input type="checkbox"/> 30-DAY EVENT MONITOR: (Outpatient and Hospital)
<input type="checkbox"/> EXERCISE STRESS TEST: Exercise treadmill, no imaging, and ability to walk 3.5 mph <input type="checkbox"/> Yes <input type="checkbox"/> No Will the patient have trouble walking on a treadmill? If yes, consider pharmacology stress test. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient an adult > 18 years old with exertional chest pain? If yes, consider a referral to cardiology. <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a heart murmur? If yes, consider an Echo first. <input type="checkbox"/> Yes <input type="checkbox"/> No Does the ECG show a left bundle branch block, paced rhythm, WPW (Wolfe Parkinson White) pattern or baseline ST depression >1mm? If yes, consider pharmacology stress testing.
<input type="checkbox"/> 2D Echo: Cardiac Ultrasound at rest <ul style="list-style-type: none"> Artificial valve and position, type & size (if known) _____
<input type="checkbox"/> EXERCISE STRESS ECHO: Exercise treadmill w/ echo cardiographic imaging <ul style="list-style-type: none"> Artificial valve and position, type & size (if known) _____
<input type="checkbox"/> DOBUTAMINE STRESS ECHO
<input type="checkbox"/> FETAL ECHO – Must select one of the following: <input type="checkbox"/> Complete <input type="checkbox"/> Follow-Up
<input type="checkbox"/> SAP & ABI: Peripheral artery doppler
<input type="checkbox"/> NUCLEAR EXERCISE STRESS TEST (Indicated for patient w/ BMI < 38)
<input type="checkbox"/> NUCLEAR STRESS TEST – 2 Day (Indicated for patient w/ BMI > 38)
<input type="checkbox"/> NUCLEAR LEXISCAN STRESS TEST
<input type="checkbox"/> NUCLEAR LEXISCAN STRESS TEST – 2 DAY (Indicated for patients w/BMI >38)

DIAGNOSIS (Must check diagnosis)	CODE
<input type="checkbox"/> Abnormal ECG	R94.31
<input type="checkbox"/> Aneurysm (lower extremity)	I72.4
<input type="checkbox"/> Aortic Valve Disorder	I35.9
<input type="checkbox"/> Arterial Embolism/Thrombosis (lower extremity)	I74.3
<input type="checkbox"/> Atrial Fibrillation	I48.91
<input type="checkbox"/> Atrial Flutter	I48.92
<input type="checkbox"/> Bradycardia	R00.1
<input type="checkbox"/> Cardiac Arrhythmia	I49.9
<input type="checkbox"/> Cardiomegaly	I51.7
<input type="checkbox"/> Cardiomyopathy	I42.9
<input type="checkbox"/> Carotid Bruit	R09.89
<input type="checkbox"/> Carotid Pharm – Multiple Arteries	I65.23
<input type="checkbox"/> Chest Pain	R07.9
<input type="checkbox"/> Claudication, Unspecified	I73.9
<input type="checkbox"/> Coronary Artery Disease	I25.10
<input type="checkbox"/> Dizziness	R42
<input type="checkbox"/> Gangrene	I96
<input type="checkbox"/> Heart Failure Unspecified Systolic	I50.20
<input type="checkbox"/> Heart Failure Unspecified Diastolic	I50.30
<input type="checkbox"/> Heart Failure Unspecified	I50.9
<input type="checkbox"/> Hypertension	I10
<input type="checkbox"/> Mitral Valve Disorder	I05.9
<input type="checkbox"/> Palpitations	R00.2
<input type="checkbox"/> Pre-Op (provide diagnosis in other)	Z01.810
<input type="checkbox"/> PVD, Unspecified	I73.9
<input type="checkbox"/> Shortness of Breath	R06.02
<input type="checkbox"/> Syncope	R55
<input type="checkbox"/> Tachycardia	R00.0
<input type="checkbox"/> TIA	G45.9
<input type="checkbox"/> Ulcer (lower extremity)	L97.909
<input type="checkbox"/> Valve Replacement	Z95.4
<input type="checkbox"/> Fetal Screening for CHD	Z36.83
OTHER: (Write in CODE & DIAGNOSIS)	
<input type="checkbox"/>	

OFFICE PERSONNEL:

To provide the best service to you and your patients, we request the following information, if available. Complete documentation will expedite requests.

For All Procedures	<input type="checkbox"/> Progress note
	<input type="checkbox"/> EKG (tracing and summary)
Stress Echos / Nuclear Test	<input type="checkbox"/> Medication list
	<input type="checkbox"/> Previous cardiac tests (tracing and summary)
	<input type="checkbox"/> Recent labs



INSTRUCTIONS FOR STRESS TESTING PROCEDURE

- Do not eat or drink anything four hours prior to the test.
- Bring a list of all medications you are currently taking.
- If you are diabetic and taking long acting insulin, take ½ of your normal morning dose. A snack will be available when testing is complete.
- No caffeine, including decaf products, 12 hours prior to procedure. This includes coffee, tea, soda containing caffeine, chocolate and medications such as Excedrin.
- Wear comfortable clothing and good walking shoes for the treadmill exercise stress test. No sandals please.
- Do not use oil, cream, lotion or powder on chest area. (Use of underarm deodorant is fine.)
- If you use an inhaler, please bring it to the appointment.
- Arrive 15 minutes in advance for your stress treadmill testing appointment.
- Allow up to 3 hours and be aware, stress procedures may require more time.
- Take morning medications unless directed otherwise.

INSTRUCTIONS FOR RHYTHM MONITORING OR ECHO PROCEDURE

- Wear a two-piece outfit.
- Do not use oil, cream, lotion or powder on chest area. (Use of underarm deodorant is fine)
- If you are scheduled for a Holter monitor you should not shower, bathe or swim while wearing the monitor.