

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 • Artificial valve and position, type & size (if known) _____
<input type="checkbox"/> EXERCISE STRESS ECHO: Exercise treadmill w/ echo cardiographic imaging • Artificial valve and position, type & size (if known) _____
<input type="checkbox"/> DOBUTAMINE STRESS ECHO
<input type="checkbox"/> FETAL ECHO – Must select one (Ontario, OR Only): <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 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"/> 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"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<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 Progress note
 EKG (tracing and summary)

Stress Echos / Nuclear Test Medication list
 Previous cardiac tests (tracing and summary)
 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.