



Center for Advanced Cardiovascular Care™ Order Form

Please fax completed order form to (214) 818.6471

Please check the box next to the appropriate location for this patient referral:

PLANO:

4716 Alliance Blvd., Pavilion II, Suite 300, Plano, TX 75093 • 1.855.4CV.CARE (1.855.428.2273) • 469.814.3480

McKINNEY:

5236 W. University Drive, Physician Office Building 1, Suite 4400, McKinney, TX 75071 • 1.855.4CV.CARE (1.855.428.2273) • 469.764.3820

Name: _____ Date of Birth: _____ Age: _____ Sex: M F Date: _____

Patient's Ht: _____ Wt: _____ Patient's Phone: _____ Priority: STAT Routine

DIAGNOSIS: _____ **CPT CODE:** _____

REQUESTED DATE: _____

NON-INVASIVE	NUCLEAR MEDICINE	CT
<input type="checkbox"/> EKG <input type="checkbox"/> SIGNAL AVERAGED EKG ECHO <input type="checkbox"/> 2D COMPLETE ECHO <input type="checkbox"/> 3D COMPLETE ECHO <input type="checkbox"/> DEFINITY CONTRAST ECHO <input type="checkbox"/> BUBBLE STUDY ECHO <input type="checkbox"/> EXERCISE STRESS ECHO <input type="checkbox"/> DOBUTAMINE STRESS ECHO <input type="checkbox"/> STRESS TEST (ETT) <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CARDIAC GATED BLOOD POOL STUDY – MUGA <input type="checkbox"/> MYOCARDIAL PERFUSION STRESS/REST ECT (NPO) <input type="checkbox"/> EXERCISE <input type="checkbox"/> DOBUTAMINE <input type="checkbox"/> ADENOSINE <input type="checkbox"/> LEXISCAN <input type="checkbox"/> MYOCARDIAL PERFUSION STRESS OR REST ECT (2-DAY PROTOCOL) <input type="checkbox"/> EXERCISE <input type="checkbox"/> DOBUTAMINE <input type="checkbox"/> ADENOSINE <input type="checkbox"/> LEXISCAN <input type="checkbox"/> MYOCARDIAL VIABILITY STUDY GENERAL NUCLEAR MEDICINE IMAGING: (McKINNEY ONLY) <input type="checkbox"/> LUNG (VQ) SCAN <input type="checkbox"/> HIDA SCAN W/ CCK <input type="checkbox"/> HIDA SCAN W/O CCK <input type="checkbox"/> BONE SCAN/ WHOLEBODY <input type="checkbox"/> BONE SCAN/LIMITED <input type="checkbox"/> BONE SCAN/3 PHASE <input type="checkbox"/> PARATHYROID <input type="checkbox"/> LIVER /SPLEEN <input type="checkbox"/> HEMANGIOMA <input type="checkbox"/> GASTRIC EMPTYING <input type="checkbox"/> GI BLEED <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> MECKEL'S <input type="checkbox"/> RENAL/ LASIK <input type="checkbox"/> RENAL/ CAPTOPRIL <input type="checkbox"/> GALLIUM SCAN <input type="checkbox"/> INDIUM WBC/ WHOLEBODY <input type="checkbox"/> INDIUM WBC/ LIMITED <input type="checkbox"/> OCTREOSCAN	CARDIAC CTA (IV CONTRAST USED FOR ALL SCANS BELOW) <input type="checkbox"/> CORONARY ARTERIES (W BYPASS GRAFT) <input type="checkbox"/> CORONARY ARTERIES (WO BYPASS GRAFT) <input type="checkbox"/> CTA HEART (<u>CIRCLE ONE</u>) (SEPTAL DEFECT) (CONGENITAL DEFECT) (EJECTION FRACTION) (PERICARDIUM) (AORTIC VALVE) (MASS) VASCULAR CTA (IV CONTRAST USED FOR ALL SCANS BELOW) <input type="checkbox"/> CTA CHEST (<u>CIRCLE ONE</u>) (PE PROTOCOL) (DISSECTION) (PULMONARY VEIN MAP) (AORTIC ROOT) (THORACIC ANEURYSM) <input type="checkbox"/> ENDOGRAFT F/U (ABD/PELV ONLY) <input type="checkbox"/> AAA F/U (ABD/PELV ONLY) <input type="checkbox"/> AORTA & BILATERAL LOWER EXTREMITY RUNOFF <input type="checkbox"/> CAROTID ARTERIES <input type="checkbox"/> CTA <input type="checkbox"/> CHEST <input type="checkbox"/> ABD <input type="checkbox"/> PELVIS <input type="checkbox"/> CTA – CIRCLE OF WILLIS <input type="checkbox"/> UPPER EXTREMITY CTA <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> LOWER EXTREMITY CTA <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> SUBCLAVIAN ARTERY <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> SUBCLAVIAN VEIN <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> VENA CAVA (<input type="checkbox"/> CHEST <input type="checkbox"/> ABD <input type="checkbox"/> PELVIS)
VASCULAR ULTRASOUND	X-RAY	AORTIC VALVE PATIENTS <input type="checkbox"/> CT HEART <input type="checkbox"/> CTA AORTA (<input type="checkbox"/> CHEST <input type="checkbox"/> ABD <input type="checkbox"/> PELVIS)
<input type="checkbox"/> CAROTID US UPPER EXTREMITY <input type="checkbox"/> PRE-OP VEIN MAPPING <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> VENOUS DUPLEX <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> ARTERIAL DUPLEX <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> SEGMENTAL PRESSURES <input type="checkbox"/> DIALYSIS ACCESS GRAFT <input type="checkbox"/> RT <input type="checkbox"/> LT LOWER EXTREMITY <input type="checkbox"/> PRE-OP VEIN MAPPING <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> VENOUS DUPLEX DVT <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> VENOUS INSUFF <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> ARTERIAL DUPLEX <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> US GROIN <input type="checkbox"/> BIL <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> ABI W/ TOE PRESSURES <input type="checkbox"/> ABI W/ EXERCISE <input type="checkbox"/> SEGMENTAL PRESSURES <input type="checkbox"/> OTHER: _____	X-RAY	CT (IV CONTRAST – Y OR N) <input type="checkbox"/> CALCIUM SCORE <input type="checkbox"/> CHEST (NPO) <input type="checkbox"/> ABDOMEN (NPO) <input type="checkbox"/> PELVIS (NPO) <input type="checkbox"/> HEAD <input type="checkbox"/> ORBITS <input type="checkbox"/> SINUS <input type="checkbox"/> SOFT TISSUE NECK (NPO if IV Contrast) <input type="checkbox"/> SPINE (CERVICAL-THORACIC-LUMBAR) <input type="checkbox"/> OTHER: _____
ABDOMINAL ULTRASOUND (exams NPO) <input type="checkbox"/> ABDOMEN <input type="checkbox"/> ABDOMEN LIMITED (RUQ) <input type="checkbox"/> RENAL US <input type="checkbox"/> RENAL DOPPLER <input type="checkbox"/> AORTA <input type="checkbox"/> SMA DOPPLER	<input type="checkbox"/> KUB <input type="checkbox"/> ABD 3 VIEW <input type="checkbox"/> PELVIS CHEST <input type="checkbox"/> ROUTINE (PA & LAT) <input type="checkbox"/> RIB SERIES <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> CLAVICLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> OTHER: _____	AS NEEDED <input type="checkbox"/> CREATININE <input type="checkbox"/> PREGNANCY TEST <input type="checkbox"/> OTHER
PULMONARY FUNCTION (PLANO ONLY) <input type="checkbox"/> PRE SPIROMETRY ONLY <input type="checkbox"/> PRE / POST SPIROMETRY, 2.5 MG ALBUTEROL/3 CC NS PRN <input type="checkbox"/> DLCO <input type="checkbox"/> LUNG VOLUMES		

Physician Signature

Physician Printed Name

Date: _____ Time: _____

Phone: _____

PATIENT NAME _____ DOB _____

ICD-9 Code	✓	DESCRIPTION	ICD-9 Code	✓	DESCRIPTION
794.31	<input type="checkbox"/>	Abnormal EKG	414.07	<input type="checkbox"/>	Coronary atherosclerosis of bypass graft of transplanted heart
794.39	<input type="checkbox"/>	Abnormal Cardiovascular Test	414.12	<input type="checkbox"/>	Dissection coronary artery
415.0	<input type="checkbox"/>	Acute Pulmonary Heart Dz Acute cor pulmonale	443.21	<input type="checkbox"/>	Dissection of carotid artery
414.10	<input type="checkbox"/>	Aneurysm Heart (wall)	443.22	<input type="checkbox"/>	Dissection of iliac artery
414.11	<input type="checkbox"/>	Aneurysm Coronary Vessels	443.23	<input type="checkbox"/>	Dissection of renal artery
442.0	<input type="checkbox"/>	Aneurysm, other artery of upper extremity	443.24	<input type="checkbox"/>	Dissection of Vertebral artery
442.1	<input type="checkbox"/>	Aneurysm, other of renal artery	443.29	<input type="checkbox"/>	Dissection of other artery
442.2	<input type="checkbox"/>	Aneurysm, other of iliac artery	441.00	<input type="checkbox"/>	Dissection of aorta unspecified site
442.3	<input type="checkbox"/>	Aneurysm, other of artery of lower extremity	441.01	<input type="checkbox"/>	Dissection of aorta thoracic
413.0	<input type="checkbox"/>	Angina decubitus	441.02	<input type="checkbox"/>	Dissection of aorta Abdominal
413.1	<input type="checkbox"/>	Angina pectoris Prinzmetal	441.03	<input type="checkbox"/>	Dissection of aorta Thoracoabdominal
413.9	<input type="checkbox"/>	Angina pectoris other and unspecified	780.4	<input type="checkbox"/>	Dizziness and giddiness (Lightheadedness)
441.1	<input type="checkbox"/>	Aortic aneurysm Thoracic aneurysm, ruptured	585.6	<input type="checkbox"/>	End stage renal disease
441.2	<input type="checkbox"/>	Aortic aneurysm Thoracic aneurysm without mention of rupture	V53.32	<input type="checkbox"/>	Fitting & adjustment of implantable cardiac defibrillator
441.3	<input type="checkbox"/>	Aortic aneurysm Abdominal aneurysm, ruptured	V53.31	<input type="checkbox"/>	Fitting & adjustment of cardiac pacemaker
441.4	<input type="checkbox"/>	Aortic aneurysm Abdominal aneurysm without mention of rupture	V67.09	<input type="checkbox"/>	Follow-up exam after surgery
441.5	<input type="checkbox"/>	Aortic aneurysm Aortic aneurysm unspecified site, ruptured	402.00	<input type="checkbox"/>	Hypertensive Heart Disease Malignant – without heart failure
441.6	<input type="checkbox"/>	Aortic aneurysm Thoraco abdominal aneurysm, ruptured	402.01	<input type="checkbox"/>	Hypertensive Heart Disease Malignant – with heart failure
441.7	<input type="checkbox"/>	Aortic aneurysm Thoraco abdominal aneurysm without mention of rupture	402.10	<input type="checkbox"/>	Hypertensive Heart Disease Benign – without heart failure
424.1	<input type="checkbox"/>	Aortic Valve disorders	402.11	<input type="checkbox"/>	Hypertensive Heart Disease Benign – with heart failure
440.0	<input type="checkbox"/>	Atherosclerosis of aorta	402.90	<input type="checkbox"/>	Hypertensive Heart Disease Unspecified – without heart failure
440.1	<input type="checkbox"/>	Atherosclerosis of renal artery	402.91	<input type="checkbox"/>	Hypertensive Heart Disease Unspecified – with heart failure
440.20	<input type="checkbox"/>	Atherosclerosis native arteries of extremities unspecified	401.0	<input type="checkbox"/>	Hypertension Malignant
440.21	<input type="checkbox"/>	Atherosclerosis native arteries of extremities with intermittent claudication	401.1	<input type="checkbox"/>	Hypertension Benign
440.22	<input type="checkbox"/>	Atherosclerosis native arteries of extremities with rest pain	401.9	<input type="checkbox"/>	Hypertension Unspecified
440.23	<input type="checkbox"/>	Atherosclerosis native arteries of extremities with ulceration	996.61	<input type="checkbox"/>	Infection and Inflammation reaction due to cardiac device, implant & graft
440.24	<input type="checkbox"/>	Atherosclerosis native arteries of extremities with gangrene	996.62	<input type="checkbox"/>	Infection and Inflammation reaction due to vascular device, implant & graft
440.29	<input type="checkbox"/>	Atherosclerosis native arteries of extremities other	428.1	<input type="checkbox"/>	Left heart failure
440.30	<input type="checkbox"/>	Atherosclerosis of bypass graft of extremities unspecified graft	V58.69	<input type="checkbox"/>	Long-term use of medications
440.31	<input type="checkbox"/>	Atherosclerosis of bypass graft of extremities of autologous vein bypass graft	996.01	<input type="checkbox"/>	Mechanical complication of cardiac pacemaker (electrode)
440.32	<input type="checkbox"/>	Atherosclerosis of bypass graft of extremities of non-autologous vein bypass graft	996.04	<input type="checkbox"/>	Mechanical complication of ICD
427.31	<input type="checkbox"/>	Atrial fibrillation	996.1	<input type="checkbox"/>	Mechanical complication of vascular device, implant or graft
427.32	<input type="checkbox"/>	Atrial flutter	424.0	<input type="checkbox"/>	Mitral Valve disorders
429.3	<input type="checkbox"/>	Cardiomegaly	433.0x	<input type="checkbox"/>	Occlusion and stenosis of pre-cerebral arteries Basilar artery
V58.81	<input type="checkbox"/>	Catheter, vascular, fitting and adjustment	433.1x	<input type="checkbox"/>	Occlusion and stenosis of pre-cerebral arteries carotid artery
786.50	<input type="checkbox"/>	Chest pain unspecified	433.2x	<input type="checkbox"/>	Occlusion and stenosis of pre-cerebral arteries Vertebral artery
786.51	<input type="checkbox"/>	Chest pain precordial pain	433.3x	<input type="checkbox"/>	Occlusion and stenosis of pre-cerebral arteries Multiple and bilateral
786.52	<input type="checkbox"/>	Chest pain painful respiration	433.8x	<input type="checkbox"/>	Occlusion and stenosis of pre-cerebral arteries Other specified
786.59	<input type="checkbox"/>	Chest pain other (discomfort, pressure, tightness)	433.9x	<input type="checkbox"/>	Occlusion and stenosis of pre-cerebral arteries Unspecified
786.7	<input type="checkbox"/>	Chest sounds, abnormal	996.74	<input type="checkbox"/>	Other complication (embolism, fibrosis, hemorrhage, pain, stenosis, thrombus vascular device, implant, or graft)
786.6	<input type="checkbox"/>	Chest, swelling, mass or lump	427.0	<input type="checkbox"/>	Paroxysmal supraventricular tachycardia
996.63	<input type="checkbox"/>	Complication due to renal dialysis device, implant & graft	427	<input type="checkbox"/>	Paroxysmal tachycardia, unspecified
428.0	<input type="checkbox"/>	Congestive heart failure	427.1	<input type="checkbox"/>	Paroxysmal ventricular tachycardia
414.00	<input type="checkbox"/>	Coronary atherosclerosis Unspecified vessel, native or graft	443.9	<input type="checkbox"/>	Peripheral vascular disease, unspecified
414.01	<input type="checkbox"/>	Coronary atherosclerosis of native coronary artery	511.9	<input type="checkbox"/>	Pleural effusion, unspecified
414.02	<input type="checkbox"/>	Coronary atherosclerosis of autologous biological bypass graft	415.11	<input type="checkbox"/>	Pulmonary embolism and infarction lactogenic
414.03	<input type="checkbox"/>	Coronary atherosclerosis of non-autologous biological bypass graft	415.19	<input type="checkbox"/>	Pulmonary embolism and infarction Other
414.04	<input type="checkbox"/>	Coronary atherosclerosis of artery bypass graft	443.0	<input type="checkbox"/>	Raynaud's syndrome
414.05	<input type="checkbox"/>	Coronary atherosclerosis of unspecified type of bypass graft	786.05	<input type="checkbox"/>	Shortness of breath
414.06	<input type="checkbox"/>	Coronary atherosclerosis of native coronary artery of transplanted heart	780.2	<input type="checkbox"/>	Syncope and collapse
414.07	<input type="checkbox"/>	Coronary atherosclerosis of bypass graft of transplanted heart	443.1	<input type="checkbox"/>	Thromboangiitis obliterans
			424.2	<input type="checkbox"/>	Tricuspid valve disorders, non-rheumatic
			427.41	<input type="checkbox"/>	Ventricular fibrillation
			427.42	<input type="checkbox"/>	Ventricular flutter