



CardioSD

we put our heart into yours



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TESTING ORDER FORM

Referring Physician _____ Phone _____ Fax _____

Patient Information: (Fax Current Insurance Cards with order - front and back.) All nuclears (78452) and MUGA (78472) must be precerted.

Name _____ Height _____ Weight _____ DOB _____

Diabetic Y/N _____ Presurgical Y/N _____ Asthma Y/N _____

Phone (H) _____ (W) _____ (Cell) _____

Primary Insurance _____

Referral Obtained (HMO) Initials _____ Date _____ Precert Obtained: Initials _____ Date _____ Precert # _____

Test Ordered: (Test with * requires patient to walk on treadmill.)

- (S) Stress Regular * (E) Echo complete w/Doppler & Color Flow (M) MUGA Scan
(N) Stress Nuclear * (E) Echo limited (H) 24 Hr Holter Monitor
(N) Stress Nuclear with Adenosine (S/E) Stress Echo * 30 Day Event Recorder
(N) Stress Nuclear w/ Dobutamine (S/E N) Stress Echo w/Dobutamine (A) ABI __check if w/exercise
Check here to authorize cardiologist to change method of stress test or ABI if necessary. Other _____

Diagnosis: S=Stress M=Muga N=Nuclear E=Echo H=Holter A=ABI (Diagnosis checked should correspond to test ordered.)

SIGNS & SYMPTOMS

- Chest Tightness, Pressure, Discomfort NEHSM 786.59
Chest Pain (Unspecified) NEHSM S/E 786.50
Palpitations H 785.1
Shortness of Breath (Dyspnea) NEHSM S/E 786.05
Syncope (Fainting/Lightheaded) NEHSM S/E 780.2
Tachycardia H 785.0

ARRHYTHMIAS

- 1st Degree AVB EHSN 426.11
Atrial Fib/Flutter EHSN S/E 427.31/32
Bradycardia/SSS EHSN 427.81
Junctional/SVT HSN S/E 427.89
LBBB EHSN S/E 426.3
Left Hemiblock EHSN 426.2
PAC HSN S/E 427.61
PVC HSN S/E 427.69
RBBB EHSN S/E 426.4
VTACH EH 427.1

VALVE DISORDER

- Aortic EHSN S/E 424.1
Mitral EHSN S/E 424.0
Pulmonary EHSN S/E 424.3
Tricuspid EHSN S/E 424.2
** Check if Rheumatic

ABNORMAL TESTING

- Abn Echo SN 793.2
Abn EKG SN S/E 794.31
Abn Stress SN S/E 794.30

HEART FAILURE

- *5th Digit: 1=acute, 2=chronic
Corpulmonale ES 416.9
Diastolic* EHSN 428.3__
Systolic* EHSN 428.2__
Systolic & Diastolic Comb.* EHSN 428.4__

MYOCARDIAL DISORDER

- Cardiomegaly NES S/E 429.3
Cardiomyopathy-Dilated NES S/E 425.4
Cardiomyopathy-Ischemic NEHS S/E 414.8
Cardiomyopathy-Secondary NES S/E 425.9
Hcom (IHSS) NES S/E 425.1

CORONARY ARTERY DISEASE (CAD)

- Angina, Stable NEHS S/E 413.9
Angina, Unstable NEHS S/E 411.1
CAD NEHS S/E 414.01
S/P MI with Symptoms NEHS S/E 414.8
S/P CABG SN S/E V45.81
S/P PTCA/Stent SN S/E V45.82

OTHER

- Pericardial Effusion E 423.9
Presurgical (List w/other Dx) S S/E V72.81
Pulmonary HTN, primary ES 416.0
Pulmonary HTN, secondary ES 416.8
Peripheral Vascular Disease A 443.9
Atherosclerosis w/Claudication A 440.21
Other _____

** Requested Location of Test:

North Office: 4160 Little York Road, Ste 20 South Office: 7677 Yankee Street, Ste 120, Centerville

Ordering physician signature (no stamp) _____

Check here to authorize cardiologist to change method of stress test or ABI if necessary.

CardioSD use only: Scheduled by: _____ Faxed: _____ Appt. Date: _____ Appt. Time: _____ Location: _____