

Auria Medical Clinics, LLC
CARDIOLOGY ORDER FORM

Please fax the report to 888-814-0930
Interpreting cardiologist:

PATIENT INFORMATION:

Name: _____ Date of Birth: _____ WT. _____
Phone # (Home): _____ (Work/Cell): _____
Appointment Date: _____ Time: _____

EXAM (S) REQUESTED: (PLEASE SPECIFY ALL COMPONENTS IF MORE THAN ONE CHOICE)

Please arrive 15 minutes prior to your scheduled appointment time to allow for registration process
Please have available: Insurance cards and information, authorizations/referrals, and this order

- EKG (93005)
- Signal Average EKG (93278)
- Holter Monitor Hook up and scan
(24H, 48H, 72H) (93225 and 93226)
- Event Monitor (duration _____) (93270)
- 24 Hr. B/P monitoring (93786)
- Cardiac Rehabilitation (93798)

STRESS TEST PROCEDURES

- Stress Test (walking only) (93017)
- Stress Nuclear (walking & nuclear)
(93017 and 78454)
- Stress Nuclear Pharmacological
(No walking) (93017 and 78454)
- Low Level Stress Test for Cardiac Rehab (93017)

ECHO PROCEDURES

- Echo 2D with Doppler and Color Flow (93306)
- Echo 2D with Doppler, Color Flow and Air Contrast
(93306)
- Echo 2D with Doppler, Color Flow and Definity
Contrast (93306)
- Echo 2-DIMENSIONAL (93307)
- Echo Follow Up or Limited (93308)
- Transesophageal Echo (TEE) (93312)
- Exercise Stress Echo (93351)
- Pharmacological Stress Echo (93351)
- Pharmacological Stress Echo w/contrast
(93351 and 93352)

REQUIRED PURPOSE OF EXAM/DIAGNOSIS:

Please measure and report RV parameters: RVSP, PAP, TAPSI, TR jet velocity.

ORDERING INFORMATION:

Requesting Physician: _____
Requesting Physician's Phone or Pager #: _____

Physician Signature: _____ Date/Time: _____