

SCHEDULING: 813-870-1747 FAX: 813-343-6089

**Important:** Fax the following along with this order: Demographic information, recent office note, current medication list.

Ordering Physician:

Signature:

Patient Name:

DOB:

Insurance:

Home Phone:

Cell Phone:

Receive Texts?

Yes  No

## REASON(S) FOR EXAM — PLEASE CHECK ALL THAT APPLY

**Symptomatic**

Type:  Acute  Chronic  Unknown

Symptom:  Unstable Angina  Typical Chest Pain  
 Atypical Angina  Non-card Chest Pain  
 Other

Prior elevated calcium score  Known coronary artery disease  
 Presence of coronary risk factors  Stent patency

Rule out anomalous coronary arteries  
 Valvular heart disease ( Mitral, Aortic, Prosthetic)  
 Cardiac mass  
 Pericardial disease  
 Congenital heart disease  
 Patient request  
 Bypass graft patency

I authorize the cardiologist to extend this test and premedicate patient as needed for testing.  
 (Note: CCTA requires HR <60 bpm.)

CashPay: Note, Cash pay does not apply to insurance deductible. - please see website. (Scan QR Code)

Age >35 requires renal chemistry <30 days.



## CT Scan

- |  |   |
|--|---|
| <input type="checkbox"/> CTA Abd/Pelvis w/Contrast - 75635     | <input type="checkbox"/> CCTA- Coronary CTA w/contrast (Includes Calcium Score) - 75574<br>- Includes CT FFR (Heart Flow) if clinically necessary - 0501T |
| <input type="checkbox"/> CTA Neck w/Contrast - 70498           | <input type="checkbox"/> CTA - Congenital, Cardiac w/contrast (Includes Calcium Score) - 75573  |
| <input type="checkbox"/> CT Chest w/o Contrast - 71250         | <input type="checkbox"/> CTA - TAVR Protocol, Cardiac w/contrast - 75574<br>- Includes CTA Abd/Pelvis w/Contrast - 75635                                  |
| <input type="checkbox"/> CTA Chest-PE w/ Contrast - 71275      | <input type="checkbox"/> CTA - Cardiac CABG Protocol, Cardiac w/contrast - 75574  |
| <input type="checkbox"/> CTA Chest - Aorta w/ Contrast - 71275 |   |
| <input type="checkbox"/> Cardiac Calcium Score - 75571         |   |

## CT Screening Questions Contact CT staff if any of the answers are yes.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pregnant/nursing | <input type="checkbox"/> Viagra/Cialis/Levitra<br>- Hold 2 days prior to exam | <input type="checkbox"/> Latex allergy        |
| <input type="checkbox"/> Pacemaker/ICD    | <input type="checkbox"/> Arrhythmia: Afib, PVCs                               | <input type="checkbox"/> Contrast/dye allergy |
| <input type="checkbox"/> Kidney disease   | <input type="checkbox"/> 2nd, 3rd AVB   |   |

## Cardiovascular Testing

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Echo 3D w/Strain - 93306/76377/93356<br>(Contrast Echo will be performed only if determined necessary.) | <input type="checkbox"/> ECG - 12 Lead - 93000  | <input type="checkbox"/> Ambulatory Blood Pressure Monitor (24 hr) - 93784 |
| <input type="checkbox"/> Cartoid Duplex Ultrasound - 93880   | <input type="checkbox"/> Mobile Telemetry - 93228/93229<br>_____ 2 week, _____ 4 week       | <input type="checkbox"/> Duplex Venous Lower Ext - 93970                   |
| <input type="checkbox"/> Lower Extremity Arterial U/S - 93925  | <input type="checkbox"/> Extended Holter Monitor 93246, 93248<br>_____ 7 days _____ 14 days | <input type="checkbox"/> Duplex Aorta - 76770                              |
| <input type="checkbox"/> Ankle Brachial Index - 93922  |   |  |