South Tampa Cardiology
ADVANCED IMAGING CENTER

Cardiology Consultation & Ordering Form

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?** o **Yes** o **No**

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

Other:

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- ❑ I20.8 Angina pectoris
- ❑ R06.02 Dyspnea
- ❑ R07.9 Chest pain
- ❑ I25.10 CAD w/o chest pain
- ❑ I25.119 CAD with chest pain
- ❑ I25.2 Old MI
- ❑ I25.5 Ischemic cardiomyopathy
- ❑ I42.9 Cardiomyopathy
- ❑ I50.40 Systolic and diastolic CHF
- ❑ I50.810 Right heart failure
- ❑ I50.30 Diastolic CHF
- ❑ I11.9 HTN with LVH w/o CHF
- ❑ I25.799 CAD with CABG with chest pain
- ❑ I25.810 CAD with CABG w/o chest pain
- ❑ I25.9 Chronic ischemic heart disease
- ❑ I27.0 Pulmonary hypertension
- ❑ I31.9 Disease of pericardium
- ❑ I34.9 Mitral valve disorder
- ❑ I35.9 Aortic valve disorder
- ❑ I48.0 Paroxysmal atrial fibrillation
- ❑ I71.21 Aneurysm of the ascending aorta
- ❑ Q21.9 Congenital Septal Defect (ASD, VSD)
- ❑ Q23.9 Congenital malformation of aortic and mitral valves
- ❑ Q24.5 Malformation of coronary vessels
- ❑ Q24.9 Congenital malformation of heart, unspecified
- ❑ R94.31 Abnormal EKG
- ❑ R94.39 Abnormal result of other cardiovascular function study
- ❑ D15.1 Cardiac Mass

CT SCAN

- ❑ **CTA Neck w/Contrast - 70498**
- ❑ **CTA Chest-Aortic w/ Contrast - 71275**
- ❑ **Cardiac Chest-PE w/contrast- 71275**
- ❑ **Cardiac Calcium Score - 75571**
- ❑ **CCTA- Coronary CTA w/contrast 75574**
  - Includes CT FFR (Heart Flow) if clinically necessary - 0501T
- ❑ **CCTA - CABG Protocol w/contrast - 75574**
- ❑ **CTA - Congenital w/contrast - 75573**
- ❑ **CCTA TAVR Protocol w/Contrast - 75574**
- ❑ **CTA Abd/Pelvis w/Contrast - 75635**
- ❑ **CCTA - Cardiac CTA w/contrast - 75574**
  - ❑ Valve Protocol
  - ❑ Stroke Protocol
  - ❑ Pulmonary veins
  - ❑ TricValve Protocol
  - ❑ Mass Protocol
  - ❑ LAA Protocol
  - ❑ Other _____

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

- ☐ **Pregnant/nursing**
- ☐ **Pacemaker/ICD**
- ☐ **Kidney disease**
- ☐ **Viagra/Cialis/Levitra**
  - Hold 2 days prior to exam
- ☐ **Arrythmia: Afib, PVCs**
- ☐ **2nd, 3rd AVB**
- ☐ **Latex allergy**
- ☐ **Contrast/dye allergy**

Cardiovascular Testing

- ☐ **Echo 3D w/Strain - 93306/76377/93356**
  (Contrast Echo will be performed only if determined necessary.)
- ☐ **Cartoid Duplex Ultrasound - 93880**
- ☐ **Lower Extremity Arterial U/S - 93925**
- ☐ **Ankle Brachial Index - 93923**
- ☐ **ECG - 12 Lead - 93000**
- ☐ **Mobile Telemetry - 93228/93229**
  _____2 week, _____4 week
- ☐ **Extended Holter Monitor** 93246, 93248
  _____7 days _____14 days
- ☐ **Ambulatory Blood Pressure Monitor (24 hr) - 93784**
- ☐ **Duplex Venous Lower Ext - 93970**
- ☐ **Duplex Aorta - 76770**