

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?

☐ **Yes**

☐ **No**

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

Other:

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

CT SCAN

- | | |
|---|--|
| <input type="checkbox"/> CTA Neck w/Contrast - 70498 | <input type="checkbox"/> CCTA TAVR Protocol w/Contrast - 75574 |
| <input type="checkbox"/> CTA Chest-Aortic w/ Contrast - 71275 | <input type="checkbox"/> CTA Abd/Pelvis w/Contrast - 75635 |
| <input type="checkbox"/> Cardiac Chest-PE w/contrast- 71275 | <input type="checkbox"/> CCTA - Cardiac CTA w/contrast - 75574 |
| <input type="checkbox"/> Cardiac Calcium Score - 75571 | <input type="checkbox"/> Valve Protocol |
| <input type="checkbox"/> CCTA- Coronary CTA w/contrast 75574 | <input type="checkbox"/> LAA Protocol |
| <small>- Includes CT FFR (Heart Flow) if clinically necessary - 0501T</small> | <input type="checkbox"/> Stroke Protocol |
| <input type="checkbox"/> CCTA - CABG Protocol w/contrast - 75574 | <input type="checkbox"/> Pulmonary veins |
| <input type="checkbox"/> CTA - Congenital w/contrast - 75573 | <input type="checkbox"/> TricValve Protocol |
| | <input type="checkbox"/> Mass Protocol |
| | <input type="checkbox"/> 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.

- | | | |
|---|--|---|
| <input type="checkbox"/> Pregnant/nursing | <input type="checkbox"/> Viagra/Cialis/Levitra
<small>- Hold 2 days prior to exam</small> | <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
<small>(Contrast Echo will be performed only if determined necessary.)</small> | <input type="checkbox"/> ECG - 12 Lead - 93000 | <input type="checkbox"/> Ambulatory Blood Pressure Monitor (24 hr) - 93784 |
| <input type="checkbox"/> Carotid Duplex Ultrasound - 93880 | <input type="checkbox"/> Mobile Telemetry - 93228/93229
_____ 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
_____ 7 days _____ 14 days | <input type="checkbox"/> Duplex Aorta - 76770 |
| <input type="checkbox"/> Ankle Brachial Index - 93923 | | |



C. Alberto Morales M.D.

Board Certified, Cardiovascular Diseases
Board Certified, Internal Medicine
Board Certified, Echocardiography
Board Certified, Cardiovascular Computed Tomography
Board Certified, Nuclear Cardiology
Board Certified, Cardiovascular Magnetic Resonance

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Program Overview

Cardiac CT Angiography (CCTA) is a non-invasive test that uses a CT scanner to see the blood flow in the arterial vessels throughout the chest. It enables the physician to look for blocked arteries in the heart using these images. Our goal is to provide advanced technology in cardiac diagnostic imaging as well as premium care for our patients. In order for us to achieve this goal in the most efficient manner, we would like you to review the following **information necessary to schedule** a patient for this procedure.

To schedule, call our office at 813-870-1747 and Fax order form to 813-343-6089

Please Fax the following information for each patient:

- o **Order for testing requested**
- o **Enter diagnosis/indications and/or reason for study**
- o **Demographic Information (Including insurance if using insurance*)**
- o **Recent Office Visit Note**
- o **Current Medication List**
- o **Current/Most recent vital signs/BUN and Creatinine Results**

*There is a CASH PAY option available for \$400.00. If this is the option the patient chooses, please indicate CASH PAY on the paperwork faxed over.

Intravenous contrast is used during this procedure. It is CRITICAL to know if the patient has any allergies to contrast. If the patient has known renal impairment or is at risk for renal impairment, a serum creatinine should be drawn no more than two weeks prior to the procedure.

It is also important to note that if the patient is on any oral diabetic agents that contain Metformin, it will need to be held the day of the procedure and for two days after the procedure. The patient's physician will be responsible for monitoring any diabetic related issues.

For this test to be performed, the patient's heart rate should optimally be below 60 beats per minute and regular.

Pre-Medication Instructions for Heartrate:

- >75: Corlanor 7.5mg (x2) and Toprolol XL 75mg (x1)
- 66-75: Corlanor 7.5mg (x2) and Toprolol XL 50mg (x1)
- 50-65: Corlanor 7.5 mg (x2) and Toprolol XL 25mg (x1)
- <50: No Meds Needed

Take Medications 3-4 hours prior to CCTA

Iodine Allergy Instructions:

- Prednisone 50mg: take 1 tablet 13 hours prior, 1 tablet 7 hours prior and 1 tablet 1 hour prior to contrast medica injection
- Benadryl 50mg: take 1 hour prior to contrast media injection

Thank you for your cooperation and assistance with this process.

If you have any questions, please feel free to contact the office at 813-870-1747. If no answer, please leave a message and they will return your call.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Morales", with a stylized flourish.

C. Alberto Morales-Pabon MD