

AUSTIN—HEART HOSPITAL <input type="checkbox"/> 512-206-3600 800-803-6960 FAX (512) 407-1874 Med Rec FAX (512) 407-1941 3801 N. Lamar, Ste. 300 Austin, TX 78756	AUSTIN—NORTHWEST <input type="checkbox"/> (512) 338-0492 FAX (512) 338-0265 Austin Telco Credit Union Bldg. 11149 Research Blvd. Ste. 125 Austin, TX 78759	AUSTIN—SOUTH <input type="checkbox"/> Saturday Clinics Available (512) 899-2028 FAX (512) 899-0311 2559 Western Trails Blvd. Suite 200 Austin, TX 78745	
CEDAR PARK <input type="checkbox"/> (512) 249-7190 FAX (512) 249-0348 1401 Medical Parkway B Suite 407 Cedar Park, TX 78613	FREDERICKSBURG <input type="checkbox"/> (830) 990-9994 FAX (830) 990-9763 205 W. Windcrest St. Suite 230 Fredericksburg, TX 78624	GEORGETOWN <input type="checkbox"/> Metro: (512) 930-1105 Main: (512) 869-2566 FAX (512) 869-7434 1900 Scenic Drive, Suite 3308 Georgetown, TX 78626	
HARKER HEIGHTS <input type="checkbox"/> (254) 526-2085 FAX (254) 526-9569 800 West Central Texas Expressway, Suite 355 Harker Heights, TX 76548	LA GRANGE <input type="checkbox"/> (979) 242-5677 FAX (979) 242-5680 2 St. Mark's Place Suite 160 La Grange, TX 78945	LAKEWAY <input type="checkbox"/> (512) 458-1006 FAX (512) 261-3853 2101 Lakeway Blvd. Suite 230 Austin, TX 78734	
MARBLE FALLS <input type="checkbox"/> (830) 798-2082 FAX (830) 693-0040 102 Max Starcke Dam Rd. Suite 100 Marble Falls, TX 78654	ROUND ROCK <input type="checkbox"/> (512) 341-0889 FAX (512) 341-7147 Medical Oaks Plaza 2410 Round Rock Ave., Suite 110 Round Rock, TX 78681	SAN MARCOS <input type="checkbox"/> (512) 396-5603 FAX (512) 407-1480 1330 Wonder World Drive Suite B108 San Marcos, TX 78666	
St. Mark's Medical Center CVIC <input type="checkbox"/> (979) 242-2360 FAX (979) 242-2368		Physician Preference: _____	

Austin Heart, please schedule:

<input type="checkbox"/> Consult Only	<input type="checkbox"/> Diagnostic Testing Only	<input type="checkbox"/> Consult, Test & Treat
<input type="checkbox"/> 1st AVAILABLE	<input type="checkbox"/> SAME DAY	<input type="checkbox"/> WITHIN 24 HOURS
<input type="checkbox"/> Within 1 week	<input type="checkbox"/> Within 2 weeks	

ORDERING PHYSICIAN	PHONE	FAX
SIGNATURE OF ORDERING PHYSICIAN	DATE	TIME
PATIENT NAME	DATE OF BIRTH	
SS#	PATIENT PHONE	
PRIMARY INSURANCE	AUTH # / RQI	EXP. DATE
SECONDARY INSURANCE	AUTH # / RQI	EXP. DATE

DIAGNOSIS/REASON FOR REFERRAL

<input type="checkbox"/> Abnormal EKG	R94.31
<input type="checkbox"/> Abnormal Stress Test	R94.39
<input type="checkbox"/> Arrhythmias	I49.9
<input type="checkbox"/> Atrial Fibrillation	I48.91
<input type="checkbox"/> Atrial Flutter (typical aflutter)	I48.3
<input type="checkbox"/> CAD (Coronary Artery Disease) (w/o angina)	I25.10
<input type="checkbox"/> Cardiomyopathy	I42.8
<input type="checkbox"/> Cardiomyopathy (Other Primary)	I42.5 (restrictive CHF)
<input type="checkbox"/> Cardiomyopathy (Obstructive)	I42.1 (HCM)
<input type="checkbox"/> Chest pain	R07.9
<input type="checkbox"/> Congenital Heart Disease	Q24.9
<input type="checkbox"/> Congenital Heart Failure	I50.9
<input type="checkbox"/> Dyspnea	R06.9
<input type="checkbox"/> Family History of CV Disease	Z82.49
<input type="checkbox"/> Family History-Ischemic Heart Disease	Z82.49
<input type="checkbox"/> Heartsaver CT	
<input type="checkbox"/> Hypertension	I10
<input type="checkbox"/> Hypertension Resistant	I10
<input type="checkbox"/> Hypoxemia	R09.02
<input type="checkbox"/> Lipid Management	E78.5 (hyperlipidemia)
<input type="checkbox"/> Murmur	R01.1
<input type="checkbox"/> Pacer Defibrillator	Z95.810 (routine device check)
<input type="checkbox"/> Pain in Limb	M79.609
<input type="checkbox"/> Palpitations	R00.2
<input type="checkbox"/> PFO Closure	Q21.1
<input type="checkbox"/> Pre-Op Cardiovascular Exam*	Z01.810
<input type="checkbox"/> Shortness of Breath	R06.02
<input type="checkbox"/> Sleep Apnea	G47.30
<input type="checkbox"/> Sleep Disturbance	G47.9
<input type="checkbox"/> SVT	I47.1
<input type="checkbox"/> Syncope & Near Syncope	R55
<input type="checkbox"/> Tachycardia	R00.0
<input type="checkbox"/> Valve Disorders (Mitral)	I34.0
<input type="checkbox"/> Valve Disorders (Aortic)	I35.9
<input type="checkbox"/> Venous Insufficiency/Reflux	I87.2
<input type="checkbox"/> Varicose Veins of Lower Extremities	I83.90
<input type="checkbox"/> Venous Stasis Ulcers	I83.009
Other: _____	
Other ICD-10: _____	

*ADDITIONAL PREOPERATIVE DIAGNOSIS NEEDED

AUSTIN HEART SERVICES

<input type="checkbox"/> Treadmill stress test	<input type="checkbox"/> Holter monitor
<input type="checkbox"/> 12 lead EKG	<input type="checkbox"/> Looping event monitor (30-day electrodes worn continuously)
<input type="checkbox"/> Vascular Triple Screening—\$115	<input type="checkbox"/> Non-looping event monitor
<input type="checkbox"/> Carotid Screening - \$45	<input type="checkbox"/> Preoperative cardiac clearance* <u>V72.81</u>
<input type="checkbox"/> ABI Screening —\$45	<input type="checkbox"/> Sleep consult <u>780.57</u>
<input type="checkbox"/> AAA Screening—\$45	<input type="checkbox"/> Vein Center consult
	<input type="checkbox"/> Other: _____

CARDIOVASCULAR IMAGING CENTER
 A Department of St. David's Medical Center

Central Scheduling (all offices) call: (512) 341-6414

Round Rock Imaging Fax: (512) 341-6919	Heart Hospital Imaging Fax: (512) 341-6916
South Austin Imaging Fax: (512) 341-6917	St. David's Plaza Imaging Fax: (512) 341-6923
San Marcos Imaging Fax: (512) 341-6918	Post Oak South Imaging Fax: (512) 341-6924
Marble Falls Imaging Fax: (512) 341-6927	Post Oak North Imaging Fax: (512) 341-6922

ECHO	<input type="checkbox"/> Echo with Doppler	<input type="checkbox"/> Echo with contrast-Definity	<input type="checkbox"/> Echo with contrast-Bubble study	<input type="checkbox"/> Stress Echo—Treadmill* <u>93351-26</u>
VASCULAR	<input type="checkbox"/> Abdominal Aorta	<input type="checkbox"/> Abdominal Renal	<input type="checkbox"/> ABI	<input type="checkbox"/> Arterial Exercise
	<input type="checkbox"/> Arterial Lower Extremity	<input type="checkbox"/> Arterial Upper Extremity	<input type="checkbox"/> Carotid	<input type="checkbox"/> Venous Insufficiency/Reflux
	<input type="checkbox"/> Venous Lower Extremity	<input type="checkbox"/> Venous Upper Extremity	<input type="checkbox"/> Renal Artery	<input type="checkbox"/> Segmental Measurements

NUCLEAR

<input type="checkbox"/> Exercise Stress Nuclear* <u>78452</u>
<input type="checkbox"/> Pharmacologic (Lexiscan) Stress Nuclear* <u>78452-26</u>
<input type="checkbox"/> Nuclear 2 Day Protocol
<input type="checkbox"/> MUGA (rest only)

PET

<input type="checkbox"/> Cardiac PET* <u>78492</u>

**RQI Required*

- Patients will receive separate billing from Austin Heart and St. David's for imaging services
- All orders must have diagnosis and ICD10 code written on front of this order

APPOINTMENT REMINDERS

- ✓ Bring your insurance card with you.
- ✓ Bring a current list of your medications and all medication dosages (or medication bottles).
- ✓ If you are unable to keep the appointment, please provide a 24-hour notification.
- ✓ Please call St. David's at (512) 341-6414 if you need to change your **imaging** appointment.
- ✓ To change your **diagnostic** procedure, please call your Austin Heart office location.
- ✓ You may drink small amounts of water. Consult your ordering physician about taking your medications prior to your test.

TEST INSTRUCTIONS

- Echo** Allow 1 to 1 ½ hours for the test. Wear two-piece clothing.
- Stress Echo** Allow 1 ½ hours for your study. Do not eat or drink 6 hours before your study. Wear two-piece clothing and comfortable athletic shoes.
- EKG** Allow 15 minutes for the appointment. Wear two-piece clothing.
- Exercise Stress Test** Allow 1 hour for the test. Wear two-piece clothing and comfortable walking shoes. You may have a light meal 1-2 hours prior to test. No caffeine or nicotine is allowed 6 hours prior to test.
- PET** Allow 1 hour for the test. No caffeine or nicotine is allowed 12 hours prior to test. You may not have anything to eat or drink for 6 hours prior to your test except for small amounts of water. Wear two-piece clothing and avoid metal on shirt/blouse such as snaps or jewelry. Consult ordering physician about your medications prior to test.
- Nuclear Stress Test** Allow 3-4 hours for the test. No caffeine or nicotine 12 hours prior to test and nothing to eat or drink 6 hours prior to your test. Small amounts of water are allowed. Consult ordering physician about your medications prior to test.
- Holter Monitor** Allow 30 minutes for instructions and hook-up. Wear two-piece clothing. You will not be able to shower while wearing the monitor. You will return monitor to office the next day.
- Non-Looping/ Looping Event Monitor** Allow 30 minutes for instructions and hook-up. Wear two-piece clothing. A loose fitting top is preferred.
- Venous/Arterial** Allow 1 hour for test. You should wear two-piece clothing with comfortable shoes.
- Renal Abdominal/ SMA/Celiac** Allow 1 hour for the test. You should wear two-piece clothing and not eat or drink anything 6 hours prior to test.

AUSTIN—HEART HOSPITAL (512) 206-3600

David Abrams, MD
Kunjan Bhatt, MD
Thomas Carlson, MD
Deborah Ekery, MD
Roger Gammon, MD
Juhana Karha, MD
Thomas McMinn, MD
David Morris, MD
Paul Pagley, MD
Mark Picone, DO
Matthew Selmon, MD
Jerome Thomas, MD
Arthur Smith, MD
Frank Zidar, MD

AUSTIN—NORTHWEST (512) 338-0492

Earl Dixon, MD
Vivek Goswami, MD

AUSTIN—SOUTH (512) 899-2028

Norman Risinger, MD
Stanley Wang, MD
Suzanne Wetherold, MD

CEDAR PARK (512) 249-7190

Carl Carlino, MD
Geoffrey Crimmins, MD

FREDERICKSBURG (830) 990-9994

Kevin Gallagher, DO
Mell Jackson, MD

GEORGETOWN (512) 869-2566

Robert Denyer, DO
Stephen Garland, MD
Michael Hendersson, MD
Jay Pandya, MD

HARKER HEIGHTS (254) 526-2085

Adolph Mares, Jr., MD
Randy McCollough, MD
Richard Olstein, MD
Jay Pandya, MD
Earl Dixon, MD

LA GRANGE (979) 242-5677

Phillip Burket, MD
Srinath Vemuri, MD
Matthew Selmon, MD
Stanley Wang, MD

LAKEWAY (512) 458-1006

Kunjan Bhatt, MD
David Morris, MD
Paul Pagley, MD

MARBLE FALLS (830) 798-2082

Yan Liu, MD
David Swett, MD
David Abrams, MD
Kevin Gallagher, DO
Mark Picone, DO
Arthur Smith, MD

ROUND ROCK (512) 341-0889

Jerry Gilbert, MD
Craig Siegel, MD
Joseph Szczytowski, DO
Earl Dixon, MD
Mark Picone, DO

SAN MARCOS (512) 396-5603

William Abide, Jr., MD
Anthony Cedrone, MD
Scott Solomon, MD
Faisal Syed, MD
Roger Gammon, MD
Juhana Karha, MD