



Setting the Standard in Cardiac & Vascular Care

www.austinheart.com

<input type="checkbox"/> CEDAR PARK (512) 249-7190 FAX (512) 249-0348 1401 Medical Parkway B Suite 407 Cedar Park, TX 78613	<input type="checkbox"/> FREDERICKSBURG (830) 990-9994 FAX (830) 990-9763 205 W. Windcrest St. Suite 230 Fredericksburg, TX 78624	<input type="checkbox"/> GEORGETOWN Metro: (512) 930-1105 Main: (512) 869-2566 FAX (512) 869-7434 1900 Scenic Drive, Suite 3308 Georgetown, TX 78626	<input type="checkbox"/> AUSTIN—HEART HOSPITAL 512-206-3600 800-803-6960 FAX (512) 407-1874 Med Rec FAX (512) 407-1941 3801 N. Lamar, Ste. 300 Austin, TX 78756	<input type="checkbox"/> AUSTIN—NORTHWEST (512) 338-0492 FAX (512) 338-0265 Austin Telco Credit Union Bldg. 11149 Research Blvd. Ste. 125 Austin, TX 78759	<input type="checkbox"/> AUSTIN—SOUTH Saturday Clinics Available (512) 899-2028 FAX (512) 899-0311 2559 Western Trails Blvd. Suite 200 Austin, TX 78745
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					<input type="checkbox"/> St. Mark's Medical Center CVIC (979) 242-2360 FAX (979) 242-2368
					Physician Preference: _____

Austin Heart, please schedule: Consult Only Diagnostic Testing Only Consult, Test & Treat
 1st AVAILABLE SAME DAY WITHIN 24 HOURS
 Within 1 week 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

- Abnormal EKG 794.31
- Abnormal stress test 794.39
- Arrhythmias 427.9
- Atrial fibrillation 427.31
- Atrial flutter 427.32
- CAD (coronary artery disease) 414.00
- Cardiomyopathy 425.9
- Cardiomyopathy (other primary) 425.4
- Cardiomyopathy (obstructive)
- Chest pain 786.50
- Congenital heart disease 746.9
- Congestive heart failure 428.0
- Dyspnea 786.00
- Family history of CV disease V17.49
- Family history-Ischemic Heart disease V17.3
- Heart Saver CT
- Hypertension 401.1
- Hypertension Resistant 401.0
- Hypoxemia 799.02
- Lipid management
- Murmur 785.2
- Pacer defibrillator V45.02
- Pain in Limb 729.5
- Palpitations 785.1
- PFO closure 745.5
- Pre-op cardiovascular exam* V72.81
- Shortness of breath 786.05
- Sleep Apnea 780.57
- Sleep Disturbance 780.50
- SVT 427.0
- Syncope & near syncope 780.2
- Tachycardia 785.0
- Valve disorders (mitral) 424.0
- Valve disorders (aortic) 424.1
- Venous insufficiency/Reflux 459.81
- Varicose veins of lower extremities 454.9
- Venous Stasis Ulcers 454.0

Other: _____
 Other ICD-9: _____
 * ADDITIONAL PREOPERATIVE DIAGNOSIS NEEDED

AUSTIN HEART SERVICES

- Treadmill stress test
- 12 lead EKG
- Vascular Triple Screening—\$115
- Carotid Screening - \$45
- ABI Screening —\$45
- AAA Screening—\$45
- Holter monitor
- Looping event monitor (30-day electrodes worn continuously)
- Non-looping event monitor
- Preoperative cardiac clearance* V72.81
- Sleep consult 780.57
- Vein Center consult
- 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
 South Austin Imaging Fax: (512) 341-6917
 San Marcos Imaging Fax: (512) 341-6918
 Marble Falls Imaging Fax: (512) 341-6927
 Heart Hospital Imaging Fax: (512) 341-6916
 St. David's Plaza Imaging Fax: (512) 341-6923
 Post Oak South Imaging Fax: (512) 341-6924
 Post Oak North Imaging Fax: (512) 341-6922

ECHO

- Echo with Doppler
- Echo with contrast-Definity
- Echo with contrast-Bubble study
- Stress Echo—Treadmill* 93351-26

VASCULAR

- Abdominal Aorta
- Abdominal Renal
- ABI
- Arterial Exercise
- Arterial Lower Extremity
- Arterial Upper Extremity
- Carotid
- Venous Insufficiency/Reflux
- Venous Lower Extremity
- Venous Upper Extremity
- Renal Artery
- Segmental Measurements

NUCLEAR

- Exercise Stress Nuclear* 78452
- Pharmacologic (Lexiscan) Stress Nuclear* 78452-26
- Nuclear 2 Day Protocol
- MUGA (rest only)

PET

- Cardiac PET* 78492

***RQI Required**

- Patients will receive separate billing from Austin Heart and St. David's for imaging services
- All orders must have diagnosis and ICD9 code written on front of this order

HEART SAVER CT™

Call: (512) 407-SAVE
 Fax: (512) 407-7484



Call: (512) 407-VALV
 Fax: (512) 323-0830

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.

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