

- Patients will receive separate billing from St. David's Heart & Vascular and St. David's Cardiovascular Imaging Center for imaging services.
- All orders must have diagnosis and ICD10 codes written on the front of this form.
- Please note, some insurances may require pre-authorization on all imaging modalities.

Medication reconciliation has been performed as a prerequisite for tests ordered.

APPOINTMENT DATE _____ TIME _____ FOLLOW-UP DATE _____ TIME _____

PATIENT INFORMATION

PATIENT NAME	ACCOUNT NUMBER	
DATE OF BIRTH	HEIGHT	WEIGHT
PATIENT DAYTIME PHONE	PATIENT EVENING PHONE	
PRIMARY INSURANCE	AUTH # / RQI	EXP. DATE
SECONDARY INSURANCE	AUTH # / RQI	EXP. DATE
ORDERING PHYSICIAN (PRINT)	PHONE	FAX
SIGNATURE OF ORDERING PHYSICIAN	DATE	TIME

SCHEDULING

- Already Scheduled
 Within 1 Week
 Within 2 Weeks
 Patient's Earliest Convenience
 Procedure to be interpreted by (REQUIRED)

TESTING

ECHOCARDIOGRAPHY

DIAGNOSIS	ICD10 CODE
<input type="checkbox"/> Echo	
<input type="checkbox"/> Echo- Adult Congenital	
<input type="checkbox"/> Echo Limited with Strain	
<input type="checkbox"/> Echo with Bubble Study (with IV)	
<input type="checkbox"/> Echo with Contrast (with IV)	
<input type="checkbox"/> Echo with Strain	
<input type="checkbox"/> Limited Echo (LV function, pericardial effusion)	
<input type="checkbox"/> Limited Echo with Bubble Study (with IV)	
<input type="checkbox"/> Limited Echo with Contrast (with IV)	
<input type="checkbox"/> Stress Echo-Treadmill**	
<input type="checkbox"/> Stress Echo with Limited Echo	
<input type="checkbox"/> Stress Echo with Echo-Definity (with IV)	

NUCLEAR MEDICINE

DIAGNOSIS	ICD10 CODE
<input type="checkbox"/> Cardiac PET**	
<input type="checkbox"/> MUGA (resting only, with IV)	
<input type="checkbox"/> Pharmacologic (Lexiscan) Stress Nuclear (with IV) * ** <input type="checkbox"/> 2 day protocol	
<input type="checkbox"/> Treadmill SPECT (with IV) * ** <input type="checkbox"/> 2 day protocol	

* Completed at St. David's Plaza

STRESS TEST

DIAGNOSIS	ICD10 CODE
<input type="checkbox"/> Cardiopulmonary exercise testing (CPET/MV02)	
<input type="checkbox"/> Bike <input type="checkbox"/> Treadmill	
<input type="checkbox"/> Standard Treadmill Test	

VASCULAR

DIAGNOSIS	ICD10 CODE
<input type="checkbox"/> Abdominal Aorta Duplex	
<input checked="" type="checkbox"/> Arterial Duplex	
Upper: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	
Lower: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	
<input type="checkbox"/> ABI ONLY	
<input type="checkbox"/> ABI with Arterial Duplex	
<input type="checkbox"/> Carotid Duplex	
<input type="checkbox"/> Pseudoaneurysm Duplex	
<input type="checkbox"/> Renal Artery Duplex	
<input type="checkbox"/> Superior Mesenteric Artery (SAM) Duplex	
<input checked="" type="checkbox"/> Venous Doppler (DVT)	
Upper: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	
Lower: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	
<input type="checkbox"/> Venous Insufficiency (Reflux)	

DIAGNOSIS CODES

<input type="checkbox"/> Abnormal EKG R94.31	<input type="checkbox"/> Dyspnea R06.9	<input type="checkbox"/> Shortness of Breath..... R06.02
<input type="checkbox"/> Abnormal Stress Test R94.39	<input type="checkbox"/> Family History of CV Disease V17.49	<input type="checkbox"/> Sleep Apnea..... G47.30
<input type="checkbox"/> Adult Congenital Echo..... 93303	<input type="checkbox"/> Family History of Ischemic Heart Disease Z82.49	<input type="checkbox"/> Sleep Disturbance..... G47.9
<input type="checkbox"/> Arrhythmias I49.9	<input type="checkbox"/> Heart Saver CT	<input type="checkbox"/> SVT I47.1
<input type="checkbox"/> Atrial Fibrillation..... I48.91	<input type="checkbox"/> Hypertension..... I10	<input type="checkbox"/> Syncope and Near Syncope..... R55
<input type="checkbox"/> Atrial Flutter I25.10	<input type="checkbox"/> Hypertension Resistant..... I10	<input type="checkbox"/> Tachycardia R00.0
<input type="checkbox"/> BMI ≥30, or ≥27 with comorbidities	<input type="checkbox"/> Hypoxemia..... R09.02	<input type="checkbox"/> Valve Disorders (Mitral) I34.0
<input type="checkbox"/> CAD (Coronary Artery Disease)..... I42.7	<input type="checkbox"/> Lipid Management	<input type="checkbox"/> Valve Disorders (Aortic) I35.9
<input type="checkbox"/> Cardiomyopathy I42.8	<input type="checkbox"/> Murmur R01.1	<input type="checkbox"/> Venous Insufficiency/Reflux..... I87.21
<input type="checkbox"/> Cardiomyopathy (Other Primary) I42.5	<input type="checkbox"/> Pacer Defibrillator Z95.810	<input type="checkbox"/> Varicose Veins of Lower Extremities I83.90
<input type="checkbox"/> Cardiomyopathy (Obstructive)	<input type="checkbox"/> Pain in Limb M79.609	<input type="checkbox"/> Venous Stasis Ulcers I83.009
<input type="checkbox"/> Chest Pain R07.9	<input type="checkbox"/> Palpitations..... R00.2	<input type="checkbox"/> Other ICD-10: _____
<input type="checkbox"/> Congenital Heart Disease Q24.9	<input type="checkbox"/> PFO Closure Q21.1	
<input type="checkbox"/> Congestive Heart Failure I50.9	<input type="checkbox"/> Pre-op Cardiovascular Exam* Z01.810	

PATIENT INSTRUCTIONS

- ✓ Arrive 15 minutes prior to your exam.
 - ✓ Bring your insurance card with you, a current list of your medications and all medication dosages (or medication bottles).
 - ✓ If you are unable to keep your appointment, please provide a 24-hour notification. **To reschedule or cancel your imaging test appointment, call (512) 341-6414.**
 - ✓ You may drink water. Consult your ordering physician as to whether you should take your medication prior to your exam.
-
- ❑ **RESTING ECHO** Allow 1 hour for your study. Wear two-piece clothing. Be prepared to change into a gown.
 - ❑ **STRESS ECHO** Allow 1 hour for your study. Do not eat or drink 6 hours prior to your study, including caffeine. This includes decaf coffee, tea and chocolate. Wear two-piece clothing and comfortable athletic shoes. Consult with your ordering physician whether you should take your medications prior to your test.
 - ❑ **CPET** Fast for 2 hours prior to study. No caffeine for six hours prior to study. This includes decaf coffee, tea and chocolate. No smoking for six hours prior to study. Wear two-piece clothing with comfortable walking shoes. Plan to stay for approximately 1.5 hours.
 - ❑ **PET** Allow 1 hour for your study. You may not have caffeine for 12 hours prior to your study. This includes decaf coffee, tea and chocolate. Do not eat or drink for 6 hours before your study. Wear two-piece clothing and avoid metal on clothing such as snaps. Consult with your ordering physician whether you should take your medications prior to your test. If you are Diabetic: Remember to take ½ of your diabetic medication and/or insulin at bedtime the night before your test. Do not take these the morning of your test. Bring your diabetic medication with you. The staff will alert you when you may take your medication which is usually when you have your snack.
 - ❑ **NUCLEAR STRESS TEST** Allow at least 4 hours for your study. You may not have caffeine 12 hours prior to test. This includes decaf coffee, tea and chocolate. Do not eat or drink for 6 hours before your study. Wear two-piece clothing and avoid metal on clothing such as snaps. Consult with your ordering physician whether you should take your medications prior to your test. If you are Diabetic: Remember to take ½ of your diabetic medication and/or insulin at bedtime the night before your test. Do not take these the morning of your test. Bring your diabetic medication with you. The staff will alert you when you may take your medication which is usually when you have your snack. You may want to bring a jacket and a book to keep you comfortable in the waiting area.
 - ❑ **VENOUS/ARTERIAL** Allow 1 hour for your study. You should wear two-piece clothing and comfortable shoes. Be prepared to change into a gown.
 - ❑ **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.

LOCATIONS

To schedule a patient's imaging appointment via fax, please use the numbers below.

❑ AUSTIN-HEART HOSPITAL

3801 N. Lamar, Suite 350
Austin, TX 78705
FAX (512) 341-6916

❑ AUSTIN-SOUTH

2559 Western Trails Boulevard, 2nd Floor
Austin, TX 78745
FAX (512) 341-6917

❑ AUSTIN-ST. DAVID'S PLAZA

1015 32nd Street, Suite 513
Austin, TX 78705
FAX (512) 341-6923

* NUCLEAR STRESS COMPLETED
AT THIS LOCATION

❑ MARBLE FALLS

102 Max Starcke Dam Road, Suite 150
Marble Falls, TX 78654
FAX (512) 341-6927

❑ ROUND ROCK

2400 Round Rock Avenue
Round Rock, TX 78681
FAX (512) 341-6919

❑ SAN MARCOS

1251 Sadler Drive, Building II, Suite 2100
San Marcos, TX 78666
FAX (512) 341-6918



Setting the Standard in Cardiac & Vascular Care

The CVIC centers listed are locations
where Austin Heart physicians read.