

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

AUSTIN HEART SCHEDULING

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Consult Only | <input type="checkbox"/> Diagnostic Testing Only | <input type="checkbox"/> Consult, Test and Treat | <input type="checkbox"/> Within 1 Week |
| <input type="checkbox"/> FIRST AVAILABLE | <input type="checkbox"/> SAME DAY | <input type="checkbox"/> WITHIN 24 HOURS | <input type="checkbox"/> Within 2 Weeks |

AUSTIN HEART SERVICES

- | | | |
|--|--|---|
| <input type="checkbox"/> 12 Lead EKG | <input type="checkbox"/> Non-Looping Event Monitor | <input type="checkbox"/> Vascular Triple Screening-\$115 |
| <input type="checkbox"/> Advanced Lipid Clinic Consult | <input type="checkbox"/> Preoperative Cardiac Clearance* _____ | <input type="checkbox"/> Carotid Screening-\$45 |
| <input type="checkbox"/> Cardio-Oncology Consult | <input type="checkbox"/> Sleep Medicine Consult _____ | <input type="checkbox"/> ABI Screening-\$45 |
| <input type="checkbox"/> CHF Clinic Consult | <input type="checkbox"/> Sports Cardiology Consult | <input type="checkbox"/> AAA Screening-\$45 |
| <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> Treadmill Stress Test | <input type="checkbox"/> Weight Loss Clinic-The Journey Program (with dietary counseling) |
| <input type="checkbox"/> Looping Event Monitor (30-day Electrodes Worn Continuously) | <input type="checkbox"/> Valve Clinic Consult | <input type="checkbox"/> Zio Patch (>48 hours up to 14 Days) |
| | <input type="checkbox"/> Vein Center Consult | |

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|---|---|--|--|
| <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, Suite 300
Austin, TX 78756 | <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"/> HARKER HEIGHTS
(254) 526-2085
FAX (254) 526-9569
800 West Central Texas Expy., Suite 355
Harker Heights, TX 76548 | <input type="checkbox"/> MARBLE FALLS
(830) 798-2082
FAX (830) 693-0040
102 Max Starcke Dam Road, Suite 100
Marble Falls, TX 78654 |
| <input type="checkbox"/> AUSTIN-NORTHWEST
(512) 338-0492
FAX (512) 338-0265
Austin Telco Credit Union Building
11149 Research Boulevard, Suite 125
Austin, TX 78759 | <input type="checkbox"/> FREDERICKSBURG
(830) 990-9994
FAX (830) 990-9763
205 W. Windcrest Street, Suite 230
Fredericksburg, TX 78624 | <input type="checkbox"/> LA GRANGE
(979) 242-5677
FAX (979) 242-5680
2 St. Mark's Place, Suite 160
La Grange, TX 78945 | <input type="checkbox"/> ROUND ROCK
(512) 341-0889
FAX (512) 341-7147
2410 Round Rock Avenue, Suite 110
Round Rock, TX 78681 |
| <input type="checkbox"/> AUSTIN-SOUTH
Saturday Clinics Available
(512) 899-2028
FAX (512) 899-0311
2559 Western Trails Boulevard, Suite 200
Austin, TX 78745 | <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"/> LAKEWAY
(512) 261-3803
FAX (512) 421-3830
2101 Lakeway Boulevard, Suite 230
Lakeway, TX 78734 | <input type="checkbox"/> SAN MARCOS
(512) 396-5603
FAX (512) 407-1480
1330 Wonder World Drive, Suite B108
San Marcos, TX 78666 |

PHYSICIAN PREFERENCE

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

Central Scheduling CVIC Call Center: (512) 341-6414
To schedule a patient's imaging appointment via fax, please use the numbers below

ECHO

- Echo with Doppler
- Echo with Contrast-Definity
- Echo with Contrast-Bubble Study
- Echo with Strain
- Echo Limited with Strain
- Stress Echo-Treadmill** 93351-26

PET

- Cardiac PET** 78492

NUCLEAR

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

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

- 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 front of this order
- Please note, some insurances may require pre-authorization on all imaging modalities

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

HEARTSAVER CT.....(512) 407-SAVE

APPOINTMENT REMINDERS

- ✓ 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 your imaging test appointment**, call (512) 341-6414. **To reschedule a diagnostic procedure** with your Austin Heart cardiologist, call your Austin Heart office location.

TEST INSTRUCTIONS, AUSTIN HEART

Please allow 15 minutes for exam registration.

- ❑ **EKG**
Allow 15 minutes for the appointment. Wear two-piece clothing.
- ❑ **TREADMILL STRESS TEST**
Allow 1 hour for your study. Wear two-piece clothing and comfortable walking shoes. Do not eat or drink for 6 hours prior to your study, including caffeine. This includes decaf coffee, tea and chocolate.
- ❑ **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 MONITOR, LOOPING MONITOR, ZIO PATCH MONITOR, EVENT MONITORS**
Allow 30 minutes for instructions and hook-up. Wear two-piece clothing. A loose-fitting top is preferred.

TEST INSTRUCTIONS, CVIC

Please allow 15 minutes for exam registration.

- ❑ **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.
- ❑ **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.
- ❑ **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.

AUSTIN HEART PHYSICIANS

*Visiting Physician

AUSTIN-HEART HOSPITAL
(512) 206-3600
David Abrams, M.D.
Kunjan Bhatt, M.D.
Thomas Carlson, M.D.
Deborah Ekery, M.D.
Roger Gammon, M.D.
Juhana Karha, M.D.
Thomas McMinn, M.D.
David Morris, M.D.
Paul Pagley, M.D.
Mark Picone, D.O.
Matthew Selmon, M.D.
Arthur Smith, M.D.
Jerome Thomas, M.D.
Suzanne Wetherold, M.D.
Frank Zidar, M.D.

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Stanley Wang, M.D.

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Michael Henderson, M.D.
*Kunjan Bhatt, M.D.
*Jay Pandya, M.D.

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Randy McCollough, M.D.
Josh McKay, M.D.
Richard Olstein, M.D.
*Earl Dixon, M.D.
*Jay Pandya, M.D.

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*Stephen Garland, M.D.
*Paul Pagley, M.D.
*Matthew Selmon, M.D.
*Stanley Wang, M.D.

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Paul Pagley, M.D.

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Faisal Syed, M.D.
*Roger Gammon, M.D.
*Juhana Karha, M.D.
*Jerome Thomas, M.D.