

- 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

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) 341-6316

AUSTIN-SOUTH

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

AUSTIN-POST OAK SOUTH

4613 James Casey Street, Building A
Austin, TX 78745
FAX (512) 341-6924

AUSTIN-ST. DAVID'S PLAZA

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

MARBLE FALLS

102 Max Starcke Dam Road, Suite 150
Marble Falls, TX 78654
FAX (830) 201-4561

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) 407-1480



Setting the Standard in Cardiac & Vascular Care

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

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

Please see back of form for diagnoses / RQI codes

ECHOCARDIOGRAPHY

DIAGNOSIS

ICD10 CODE

- Resting Echocardiogram
- Resting Echocardiogram with Echo-Definity (with IV)
- Resting Echocardiogram with Bubble Study (with IV)
- Limited Echo (LV function, pericardial effusion)
- Limited Echo with Echo-Definity (with IV)
- Limited Echo with Bubble Study (with IV)
- Stress Echo-Treadmill**
- Stress Echocardiogram
- Stress Echocardiogram with Echo-Definity (with IV)

NUCLEAR MEDICINE

DIAGNOSIS

ICD10 CODE

- Exercise Stress Nuclear**
- MUGA (resting only, with IV)
- Treadmill SPECT (with IV) 2 day protocol
- Lexiscan SPECT (with IV) 2 day protocol
- Lexiscan PET (with IV)
- Pharmacologic (Lexiscan) Stress Nuclear**

PET

DIAGNOSIS

ICD10 CODE

- Cardiac PET**

VASCULAR

DIAGNOSIS

ICD10 CODE

- Arterial Duplex
 - Upper:** Bilateral Right Left
 - Lower:** Bilateral Right Left
- Venous Doppler (DVT)
 - Upper:** Bilateral Right Left
 - Lower:** Bilateral Right Left
- Venous Insufficiency (Reflux)
- Pseudoaneurysm Duplex
- Renal Artery Duplex
- Abdominal Aorta Duplex
- Superior Mesenteric Artery (SAM) Duplex
- Carotid Duplex
- ABI ONLY
- ABI with Arterial Duplex

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. You may want to bring a jacket and a book to keep you comfortable in the waiting area.
 - 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.

DIAGNOSIS CODES

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