

## Non-Imaging / Pharmacologic / Nuclear Stress Test

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Insurance: \_\_\_\_\_ Auth#: \_\_\_\_\_

Routine \_\_\_\_\_ Urgent: \_\_\_\_\_ Pre-op: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ Other: \_\_\_\_\_

Can the patient walk on a treadmill? \_\_\_\_\_ Does the patient need assistance ambulating? \_\_\_\_\_

**Type Of Test:**

- Non-Imaging Stress test (93015) \_\_\_\_\_
- Nuclear Stress Test: \_\_\_ 1 Day (<250lbs) \_\_\_ 2 Day (>250lbs)
- Pharmacologic (Patients who are unable to walk): \_\_\_ 1 Day (<250lbs) \_\_\_ 2 Day (>250lbs)
- MUGA (78472) \_\_\_\_\_

**Symptoms:** \_\_\_ (R06.00) Dyspnea \_\_\_ (R06.02) SOB \_\_\_ (R07.89) Chest Pain \_\_\_ (R94.31) ABN EKG

**Indications:**

___ (I24.0)	Acute Coronary Thrombosis
___ (I48.0- I48.91)	<b>Atrial Fibrillation:</b> ___ Paroxysmal ___ Persistent ___ Chronic ___ Unspecified
___ (I20.0 - I20.9)	<b>Angina:</b> ___ Unstable ___ Pectoris ___ Unspecified
___ (I25.10- I25.118)	<b>CAD:</b> ___ without Angina ___ with Unstable Angina Pectoris ___ with Angina Pectoris w/ documented spasm ___ with other forms of Angina Pectoris
___ (I25.700- I25.812)	<b>CABG:</b> ___ with Unstable Angina Pectoris ___ with Angina Pectoris w/ documented spasm ___ with other forms of Angina Pectoris
___ (I46.2 - I46.9)	<b>Cardiac Arrest:</b> ___ Due to underlying condition: _____ ___ Unspecified cause
___ (I50.1 - I50.9)	<b>CHF:</b> ___ Acute ___ Chronic ___ Systolic ___ Diastolic ___ Unspecified
___ (I25.82)	Chronic Total Occlusion of Coronary Artery
___ (Z98.61)	Coronary Angioplasty Status
___ (I23.0 - I23.8)	Current Complications after STEMI/NSTEMI (within 28 day period)
___ (I50.1)	Left Ventricular Failure
___ (I21.4)	NSTEMI
___ (I25.2)	Old MI
___ (I24.8)	Other forms of Acute Ischemic Heart Disease
___ (I51.89)	Other ill-defined heart diseases
___ (Z01.810)	Pre-op
___ (Z95.1)	Presence of Aortocoronary Bypass Graft
___ (Z95.5)	Presence of Coronary Angioplasty Implant & Graft
___ (I21.01 - I21.3)	<b>STEMI:</b> ___ <b>Coronary Artery:</b> ___ Left Main ___ LAD ___ Anterior Wall ___ Inferior Wall ___ Right ___ Left Circumflex ___ <b>Other Sites</b> ___ <b>Unspecified Site</b>
___ (I22.2)	Subsequent NSTEMI
___ (I49.02)	Ventricular Flutter

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_