

Cottage Grove Cardiology, P.C

• Phone 860-242-8756 • www.cottagegrovecardiology.com • Fax 860-882-0270 •

ECHOCARDIOGRAM

Patient Name: _____ DOB: _____

Patient Phone #: _____ Insurance: _____ Auth# _____

Type of Test:	• Full Study (93306)	• Bubble Study	• Limited Study (93307)
Priority:	• Routine	• Urgent	• Other

Symptoms: __ (R94.31) Abnormal EKG __ (R06.00) Dyspnea __ (R06.02) SOB __ (R07.89) Chest Pain
 __ (R55) Syncope __ (R60.9) Edema __ (R00.2) Palpitations __ (R01.1) Murmur

Indications:

__ (I20.0 - I20.9)	Angina:	Unstable	Pectoris	Unspecified
__ (I71.1 - I79.0)	Aortic Aneurysm:	Thoracic	Abdominal	Unspecified Ruptured
__ (I48.0- I48.91)	Atrial Fibrillation:	Paroxysmal	Persistent	Chronic Unspecified
__ (Q21.1)	Atrial Septal Defect (PFO)			
__ (I10)	Essential HTN			
__ (I25.10- I25.9)	CAD:	__ without Angina __ with Unstable Angina Pectoris		
		__ w/ Angina Pectoris w/ documented spasm __ w/ other forms of Angina Pectoris		
__ (I42.1 - I42.9)	Cardiomyopathy:	Obstructive	Hypertrophic	Unspecified
__ (I50.1 - I50.9)	CHF:	Acute	Chronic	Systolic Diastolic Unspecified
__ (I45.9)	Conduction Disorder, Unspecified			
__ (I51.9)	Heart Disease, NOS			
__ (I11.0)	HTN with CHF			
__ (I11.9)	HTN without CHF			
__ (I95.9)	Hypotension			
__ (I44.7)	LBBB			
__ (I50.1)	Left Ventricular Failure			
__ (I51.4)	Myocarditis			
__ (I35.0 - I35.8)	Non-Rheumatic Aortic:	Stenosis	Insufficiency	Both Other
__ (I34.0 - I34.8)	Non-Rheumatic Mitral:	Stenosis	Insufficiency	Prolapse Other
__ (I37.0- I37.2)	Non-Rheumatic Pulmonary:	Stenosis	Insufficiency	Stenosis w/ Insufficiency
__ (I36.0- I36.8)	Non-Rheumatic Tricuspid:	Stenosis	Insufficiency	Both Other
__ (I21.4)	NSTEMI			
__ (I66.9)	Occlusion and Stenosis of Unspecified Cerebral Artery			
__ (I25.2)	Old MI			
__ (I31.3)	Pericardial Effusion (Non-Inflammatory)			
__ (I40.1- I40.49)	Premature Beats:	Atrial	Junctional	Ventricular Unspecified
__ (Z95.811)	Presence of Heart Assist Device			
__ (Z95.2)	Presence of Prosthetic Heart Valve			
__ (Z13.6)	Screening for Cardiovascular Disease			
__ (G47. - G47.33)	Sleep Apnea:	Obstructive Unspecified		
__ (I47.1 - I47.9)	Tachycardia:	Supraventricular	Ventricular	Paroxysmal Unspecified

Ordering Physician: _____

Date: _____

Appointment Date and Time: _____