

Physician Ordering Form

Patient Last Name: Patient First Name:
 Date: Requested Scan Date:
 Stat/Pre-op Patient: DOB: Last 4 Digits SS #:
 Practice Name: Ordering Physician:
 Practice Address: Physician Signature:
 Practice Fax: Practice Telephone:

Examination:

78492	PET Rest and Stress Myocardial Perfusion with Wall Motion and EF with;		
93017	Stress Test	J2785	Lexiscan
A9555	Rest: Rubidium 82 up to 60 mCi	A9555	Stress: Rubidium 82 up to 60 mCi

Signs and Symptoms / Medical Necessity / Pertinent History:

To Be Completed By Physician Only

Primary Diagnosis	Please List Diagnosis Code(s) for PET MPI
<input type="checkbox"/> R07.2 Precordial Pain	1 <input type="text"/>
<input type="checkbox"/> R07.82 Intercostal pain	2 <input type="text"/>
<input type="checkbox"/> R93.9 Image test inconclusive due to excess body fat	3 <input type="text"/>
<input type="checkbox"/> R94.31 Abnormal electrocardiogram (ECG)(EKG)	4 <input type="text"/>
<input type="checkbox"/> I25.3 Aneurysm of heart (wall)	
<input type="checkbox"/> R06.02 Shortness of breath	
<input type="checkbox"/> Z01.810 Preprocedural cardiovascular examination	
<input type="checkbox"/> Z95.1 Presne of aortocoronary bypass graft	
<input type="checkbox"/> Z98.61 Coronary angioplasty status	
<input type="checkbox"/> R07.9 Chest Pain, Unspecified	
<input type="checkbox"/> I24.1 Dressler's syndrome	
<input type="checkbox"/> I24.0 Acute coronary thrombosis not resulting in myocardial infraction	
<input type="checkbox"/> I24.8 Other forms of acute ischemic heart disease	
<input type="checkbox"/> I20.0 Unstable angina	
<input type="checkbox"/> I20.8 Other forms of angina pectoris	
<input type="checkbox"/> I20.9 Angina pectoris, unspecified	
<input type="checkbox"/> I25.10 Coronary atherosclerosis unspecified type of vessel, native or graft	
<input type="checkbox"/> I25.5 Ischemic cardiomyopathy	
<input type="checkbox"/> I25.9 Unspecified chronic ischemic heart disease	
<input type="checkbox"/> I25.41 Aneurysm of coronary vessels	
<input type="checkbox"/> I50.40 Unspecified combined systolic and diastolic heart failure	
<input type="checkbox"/> I25.83 Coronary atherosclerosis due to lipid rich plaque	
<input type="checkbox"/> I25.84 Coronary artherosclerosis due to calcified coronary lesion	
<input type="checkbox"/> I47.1 Supraventricular tachycardia	
<input type="checkbox"/> I47.2 Ventricular tachycardia	
<input type="checkbox"/> I49.01 Ventricular fibrillation	
<input type="checkbox"/> I49.02 Ventricular flutter	
<input type="checkbox"/> I50.9 Congestive heart failure, unspecified	
<input type="checkbox"/> I50.1 Left ventricular failure	
<input type="checkbox"/> I50.20 Unspecified systolic heart failure	
<input type="checkbox"/> I50.31 Acute diastolic heart failure	
<input type="checkbox"/> I46.9 Cardiac arrest, cause unspecified	

Diagnosis For Pharmacologic Stress
<input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="text"/>

Please List Diagnosis Code(s) for Pharmacologic Stress
<input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="text"/>

