

**Cardiology Order Form
for Physicians Outside of NJH**

Cardiology Testing
1400 Jackson St, Denver, CO 80206
303-270-2670

Scheduling 303-398-1355 Fax 303-270-2153

Important: Please fax a copy of the patient's medication list and any prior testing reports with this order.

Ordering Physician Signature:	Date:
Ordering Physician ID #:	Pager:
Patient Name:	DOB:
Home Phone:	Cell / Work Phone:
Insurance Provider:	Authorization #
Order DX:	
Symptoms:	
Reason for exam:	

Is the patient currently taking any of the following medications:

Y / N Beta Blockers, Y / N Calcium Channel Blocker, Y / N Anti-arrhythmic, Y / N Angiotensin II Receptor Blockers
Y / N ACE inhibitors, Y / N Cholesterol Medication, Y / N Anticoagulants, Y / N Infectious Precautions

I authorize the Cardiologist to extend or modify this test without my prior notification.
(Note if box is not marked, modifications to the test may be made only with the consent of the ordering physician.)

<input type="checkbox"/> Echocardiogram Routine 93306 <input type="checkbox"/> Echo Agitated Saline 93308 Shunt (must have had a routine echo within the past 6 mo) (Definity contrast Echo will be performed only if determined necessary by the cardiologist)	<input type="checkbox"/> ECG - 12 Lead 93305 <input type="checkbox"/> ECG -12-lead & Rhythm 93041 <input type="checkbox"/> Signal-Averaged ECG & ECG 12 Lead 93278	<input type="checkbox"/> Holter Monitor 93225 Last test > 6 months Circle: 24 hr Repeat test within 6 months 48 hr <input type="checkbox"/> Mobile Telemetry / Event Monitor 93237 <input type="checkbox"/> Ambulatory Blood Pressure Monitor (24 hr) 93786 Desired HTN limits of test 140/90 or _____
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Stress Testing

Stress tests will not be scheduled or performed if this form is not filled out in its entirety.

HT: _____ WT: _____ Resting HR _____ Resting BP _____

Resting ECG: Normal Abnormal Unknown

Does patient have? (please circle): Pacemaker ICD

If ICD, what is VT rate? _____

Y / N Is it ok to hold Beta Blocker?

Y / N Is it ok to hold Calcium Channel Blocker?

Y / N Is it ok to hold long-acting Nitrates?

Cardiac Risk Factors:

(Please check all that apply)

- _____ Hypertension _____ Diabetes
- _____ Obesity _____ Tobacco
- _____ Family Hx CAD
- _____ Sedentary Lifestyle
- _____ Elevated Cholesterol

<input type="checkbox"/> Exercise Stress Test 93017, 94761 _____ Treadmill (Bruce Protocol unless specified otherwise) _____ Bike <input type="checkbox"/> Nuclear Stress Exercise Test 93017, 94761 _____ Treadmill _____ Bike <input type="checkbox"/> Nuclear Stress Pharm Test (Cardiolute unless specified otherwise) 93017, 96365, 9461 _____ Regadenoson* (Lexiscan) *Preferred* _____ Dobutamine* (2 day protocol unless specified otherwise) <input type="checkbox"/> Stress Echo - Agitated Saline (Shunt) with mode _____ Treadmill or _____ Bike (must have had a routine echo within the past 6 mo) <input type="checkbox"/> Stress Echo - Ischemia with mode _____ Treadmill, _____ Dobutamine*, or _____ Bike For Ischemia Stress Echo, Definity will be used 93350, 93321, 93017, 93308, 94761 if clinically indicated unless specified otherwise. <input type="checkbox"/> PET/CT Myocardial Perfusion Imaging Rest & Stress 78492 _____ Dipyridamole* _____ Dobutamine*
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* The following medication may be given per policy
 Albuterol Nebulizer 2.5 mg in 3 ml NS PRN
 Dobutamine 500mg/250ml D5W @ 2.5-50 mcg/kg/min IV
 Regadenoson 0.4mg give IV push
 Dipyridamole 0.57 mg/kg given IV over 4-6 min.
 Atropine 0.25-0.5mg IVP PRN
 Aminophylline 50-125 mg IVP PRN
 Albuterol inhaler 1-4 Puffs PRN
 Diphenhydramine 50 mg IVP PRN

Please use the Imaging Form to order non-stress Nuc.Med., PET/CT, Cardiac CT, CTA, and MRI.

Please use the PPS Form to order Cardiopulmonary Stress testing.