



## Cardiopulmonary Department Requisition

Patient name: \_\_\_\_\_ BMI: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Test date: \_\_\_\_\_ Test time: \_\_\_\_\_

Insurance: \_\_\_\_\_ Group number: \_\_\_\_\_

Prior authorization: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

***All testing requires advance scheduling.***

### Diagnostic Cardiac Testing

☐ EKG (Electrocardiogram) (93005)

☐ Holter Monitor

☐ 3-7 days (93242)

☐ 8-14 days (93246)

Existing cardiologist: \_\_\_\_\_

☐ 3-30-day Mobile Cardiac Tele (MCT) (93270)

### Diagnostic Neurology

☐ EEG (95816)

• Sleep deprived: Yes No

### Miscellaneous Testing

☐ Oximetry on Room Air (94760)

☐ Oximetry overnight (94762)

☐ Oximetry pre/post exercise (94761)

☐ Arterial Blood Gas

### Pulmonary Function Testing

☐ Simple Pulmonary Function (94010)

☐ Complete Pulmonary Function (94060)  
(Pre and Post Bronchodilator)

☐ Exercise Pulmonary Function (94617)

***Instruct patients to withhold using prescribed inhalers, bronchodilators, and smoking six hours prior to test.***

Ordering practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check insurance prior authorization. Fax this order, along with H&P and last office visit note to (812) 254-2953. For questions regarding scheduling, call (812) 254-9324. For Cardiopulmonary Services, call (812) 254-8883.

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