

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.