MIDWEST
CARDIOVASCULAR INSTITUTE

MCI Hinsdale
333 CHESTNUT STREET, SUITE 100
HINSDALE, IL 60521
P: (630) 566-4100
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PATIENT NAME_____ PATIENT EMAIL_____

PATIENT PHONE#_____ CELL#_____ DOB_____ DATE_____

INSURANCE REFERRAL/PRECERT # (IF APPLICABLE)_____ NPI #_____

Must be completed by time of scheduling in order to schedule an appointment FOR HMO INSURANCES.

CHECK WHICH PHYSICIAN YOU WOULD LIKE TO REFER YOUR PATIENT TO:

- ❍ **First Available**
- ❍ **Francisco G. Aguilar, MD**
- ❍ **G. Gary Gibbs, MD**
- ❍ **Daniel Krauss, MD**
- ❍ **Andrew T. Lawrence, M**
- ❍ **Gregory Lewis, MD**
- ❍ **James McMahon, MD**
- ❍ **Selva Patham, MD**
- ❍ **Paul D. Ryan, DO**
- ❍ **Saurabh Shah, MD**
- ❍ **Meechai Tessalee, DO**

❑ **Cardiovascular Consult** (Dx/Symptom): _____

❑ **Peripheral Artery Disease Consult** (Dx/Symptom): _____

❑ **Venous Disease Consult** (Dx/Symptom): _____

❑ **Diagnostic Testing Only** (Dx/Symptom): _____

❑ **Pre-Op Evaluation/Cardiac Risk Assessment:**
Please contact cardiology before holding Plavix, Effient, Brilinta or Aspirin in patients with stents.

- Cardiovascular Dx/Symptom: _____
- Reason for Procedure/Surgery: _____
- Date of Procedure/Surgery: _____
- Type of Procedure/Surgery: _____
- Anesthesia: ❍ Local ❍ General

PLEASE PERFORM THE TEST(S) INDICATED BELOW ON THE ABOVE REFERENCED PATIENT. CHOOSE ALL THAT APPLY.

*PATIENT WILL NEED TO BE EVALUATED BY CARDIOLOGIST PRIOR TO INVASIVE OR STRESS TESTING OR AS WARRANTED FOR PATIENT SAFETY.

ULTRASOUND

- ❑ 93351 Stress Echocardiogram
- ❑ 93351 Stress Echocardiogram with Contrast (Q9950, Q9956 or Q9957)
- ❑ 93306- Echocardiogram Complete with Contrast (Q9950, Q9956 or Q9957)
- ❑ 93308 Echocardiogram Limited with Contrast (Q9950, Q9956 or Q9957)
- ❑ 93306 Echocardiogram-Complete *(2D, M-mode, and Doppler/Color Flow)*
- ❑ 93306 Echocardiogram - Complete with Bubble Study for PFO
- ❑ 93308 Echocardiogram-Limited Bubble Study only for PFO
- ❑ 93880 Carotid (bilateral)
- ❑ 93882 Unilateral Carotid (unilateral right)
- ❑ 93882 Unilateral Carotid (unilateral left)
- ❑ 93922 ABI (resting)
- ❑ 93923 ABI (exercise)
- ❑ 93925 Lower Extremity Arterial (Bilateral w ABI 93922)
- ❑ 93926 Lower Extremity Arterial (Right w ABI 93922)
- ❑ 93926 Lower Extremity Arterial (Left w ABI 93922)
- ❑ 93970 Lower Extremity Venous Bilateral- DVT study
- ❑ 93970 Lower Extremity Venous Bilateral- Insufficiency study
- ❑ 93971 Lower Extremity Venous Unilateral Right-DVT study
- ❑ 93971 Lower Extremity Venous Unilateral Left-DVT study
- ❑ 93975 Renal Artery
- ❑ 93978 Abdominal Aorta (AAA) Test
- ❑ 93922 Wrist Brachial Index (WBI)
- ❑ 93930 Upper Extremity Arterial (93922 Bilateral W/WBI)
- ❑ 93931 Upper Extremity Arterial (93922 Right W/WBI)
- ❑ 93931 Upper Extremity Arterial (93922 Left W/WBI)
- ❑ 93970 Upper Extremity Venous-Bilateral
- ❑ 93971 Upper Extremity Venous- Right
- ❑ 93971-Upper Extremity Venous-Left
- ❑ 93978 Mesenteric Duplex
- ❑ 93926 Pseudoaneurysm Unilateral

NUCLEAR MEDICINE

- ❑ Exercise Nuclear Stress Test (Treadmill)
- ❑ Lexiscan Nuclear Stress Test
- ❑ Cardiac Amyloidosis

PET CARDIAC IMAGING

- ❑ Cardiac PET/CT Sca

EXERCISE STRESS TESTING

- ❑ EKG Treadmill Stress

HEART MONITORING

- ❑ 24 hour Holter Monitor
- ❑ 48 hour Holter Monitor
- ❑ Mobile Telemetry
  (Real time monitoring & patient triggered)
  ___7 days ___14 days ___21 days ___30 days
- ❑ Event Monitor
  (Patient Triggered Monitoring only)
  NOTE: Inappropriate for Syncope
  ___7 days ___14 days ___21 days ___30 days

TEST	ICD-10 CODE	INDICATION

PLEASE REFER TO REVERSE FOR COMMON INDICATIONS OF TESTS

_____ COMPLETED BY

_____ NAME OF REFERRING PHYSICIAN/SURGEON (PLEASE PRINT)

_____ DATE

_____ PHONE NUMBER

_____ FAX NUMBER

_____ SIGNATURE OF REFERRING PHYSICIAN/SURGEON