

MCI Elmhurst
 133 EAST BRUSH HILL ROAD, SUITE 202
 ELMHURST, IL 60126
 P: (331) 231-6200
 F: (331) 231-6201

 PATIENT NAME _____ PATIENT EMAIL _____
 PATIENT PHONE# _____ CELL# _____ DOB _____ DATE _____
 INSURANCE REFERRAL/PRECERT # (IF APPLICABLE) _____ NPI # _____

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

- | | | | |
|--|---|---|---|
| <input type="radio"/> First Available | <input type="radio"/> Cash Casey, MD | <input type="radio"/> Michael Brottman, MD | <input type="radio"/> Setu Trivedi, DO |
| <input type="radio"/> Anish Amin, MD | <input type="radio"/> Elmer Murdock, M | <input type="radio"/> Michael Trybula, MD | |
| <input type="radio"/> Apoor Gami, MD | <input type="radio"/> John Cahill, MD | <input type="radio"/> Pratik Parikh, MD | |

-
- 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

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