

MCI Naperville
 10 MARTIN AVE., SUITE 200
 NAPERVILLE, IL 60540
 P: (630) 600-0700
 F: (630) 600-0701

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:

- | | | | |
|--|---|--|--|
| <input type="radio"/> First Available | <input type="radio"/> Ann Davis, MD | <input type="radio"/> Mark Goodwin, MD | <input type="radio"/> Stanley Clark, MD |
| <input type="radio"/> Abdullah Quddus, MD | <input type="radio"/> Bill Stephan, MD | <input type="radio"/> Mark Pelka, MD | <input type="radio"/> Steven Lieberman, MD |
| <input type="radio"/> Aman Ali, MD | <input type="radio"/> Deep Shah, MD | <input type="radio"/> Osama Qaqi, MD | <input type="radio"/> Uday Patel, DO |
| <input type="radio"/> Amulya Gampa, MD | <input type="radio"/> Ehab Dababneh, MD | <input type="radio"/> Moeen Saleem, MD | <input type="radio"/> Victor Marinescu, MD |
| <input type="radio"/> Anand Ramanathan, MD | <input type="radio"/> Kousik Krishnan, MD | <input type="radio"/> Stan Skaluba, MD | |

- | | |
|--|--|
| <input type="checkbox"/> Cardiovascular Consult (Dx/Symptom): _____

<input type="checkbox"/> Peripheral Artery Disease Consult (Dx/Symptom): _____

<input type="checkbox"/> Venous Disease Consult (Dx/Symptom): _____

<input type="checkbox"/> Diagnostic Testing Only (Dx/Symptom): _____
_____ | <input type="checkbox"/> 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: <input type="radio"/> Local <input type="radio"/> General |
|--|--|

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

** Patient will need formal consultation by cardiologist prior to stress testing, Nuclear medicine, PET Cardiac Imaging, Heart Monitoring and/or CT imaging.*

ULTRASOUND

- | | |
|---|--|
| <input type="checkbox"/> 93351 Treadmill exercise stress echocardiogram (only offered in NAP/ELM)
<input type="checkbox"/> 93351 Treadmill exercise stress echocardiogram with Contrast (Q9950A, Q9956A or Q9957A) (only offered in NAP/ELM)
<input type="checkbox"/> 93306- Echocardiogram Complete with Contrast (Q9950A, Q9956A or Q9957A)
<input type="checkbox"/> 93308 Echocardiogram Limited with Contrast (Q9950A, Q9956A or Q9957A)
<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 w/ exercise (toe raises)
<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 Scan

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
- Event Monitor (Patient Triggered Monitoring only)
NOTE: Inappropriate for Syncope
 ___7 days

TEST	ICD-10 CODE	INDICATION

COMPLETED BY _____	NAME OF REFERRING PHYSICIAN/SURGEON (PLEASE PRINT) _____
PHONE NUMBER _____	DATE _____
FAX NUMBER _____	SIGNATURE OF REFERRING PHYSICIAN/SURGEON _____