



MCI Naperville
 801 S WASHINGTON ST, 4TH FLOOR
 NAPERVILLE, IL 60540
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 F: (630) 600-0701

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"/> Bill Stephan, MD | <input type="radio"/> Mark Goodwin, MD | <input type="radio"/> Tony DeMartini, MD |
| <input type="radio"/> Aman Ali, 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="radio"/> Erin Rizzo, APN |
| <input type="radio"/> Ann Davis, MD | <input type="radio"/> Maria Costanzo, MD | <input type="radio"/> Stanley Clark, MD | <input type="radio"/> Julie Frommelt, APN |

- 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

- Stress Echocardiogram
- 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)
- 93971 Lower Extremity Venous (unilateral right)
- 93971 Lower Extremity Venous (unilateral left)
- 93975 Renal Artery
- 93978 Abdominal Aorta (AAA) Test

NUCLEAR MEDICINE

- Nuclear Treadmill Stress
- Nuclear Pharmacologic Stress (Lexiscan)
Reason for Lexiscan _____

PET CARDIAC IMAGING

- Nuclear Cardiac PET Scan
- 76706 Abdominal Aorta (AAA) Screening

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

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 _____