

MCI Plainfield

 16519 S. ROUTE 59, SUITE A
 PLAINFIELD, IL 60586
 P: 630-600-0700
 F: 630-600-0701

PATIENT NAME _____ PATIENT EMAIL _____

PATIENT PHONE# _____ CELL# _____

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

 Osama Qaqi, MD

 Ann Davis, MD

 Aman Ali, MD

 Cardiovascular Consult (Dx/Symptom): _____

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

 Peripheral Artery Disease Consult (Dx/Symptom): _____

• Cardiovascular Dx/Symptom: _____

 Venous Disease Consult (Dx/Symptom): _____

• Reason for Procedure/Surgery: _____

 Diagnostic Testing Only (Dx/Symptom): _____

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

ULTRASOUND

- 93351 Treadmill exercise stress echocardiogram (only offered in NAP/ELM)
- 93351 Treadmill exercise stress echocardiogram with Contrast (Q9950A, Q9956A or Q9957A) (only offered in NAP/ELM)
- 93306- Echocardiogram Complete with Contrast (Q9950A, Q9956A or Q9957A)
- 93308 Echocardiogram Limited with Contrast (Q9950A, Q9956A or Q9957A)
- 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 w/ exercise (toe raises)
- 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 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

All imaging can be completed in ELM / NAP

TEST	ICD-10 CODE	INDICATION

COMPLETED BY

NAME OF REFERRING PHYSICIAN/SURGEON (PLEASE PRINT)

DATE

PHONE NUMBER

FAX NUMBER

SIGNATURE OF REFERRING PHYSICIAN/SURGEON