

**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):** \_\_\_\_\_

☐ **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 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 \_\_\_\_\_