

**MCI Yorkville**

88 W COUNTRYSIDE PKWY SUITE C,  
YORKVILLE, IL 60560  
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**       **Abdullah Quddus, MD**       **Stanley Clark, MD**       **William Stephan, 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. All ultrasound and monitoring can be completed in ELM / NAP / PLA*

TEST	ICD-10 CODE	INDICATION

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