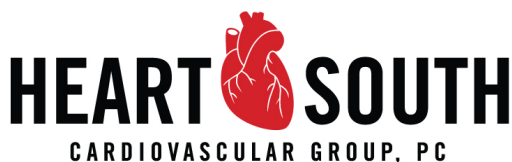


REQUEST FOR IMAGING STUDY

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heartsouthpc.com



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Krishna Kishore Gaddam, M.D.
Himanshu Aggarwal, M.D.
Hosakote Nagaraj, M.D.
Nirman Bhatia, M.D., FACC

Appointment Date: _____
Phone: _____

Patient Home

Appointment Time: _____

Patient Cell Phone: _____

Patient Name: _____ DOB: _____ M ___ F ___

Pre Cert#: _____

Diagnosis: _____

Referring Physician (Print): _____

Individual Scheduling Patient from PCP: _____

ULTRASOUND

- _____ Echocardiogram (93306)
- _____ Echocardiogram w/contrast (93306)
- _____ Carotid Doppler
- _____ Segmental w/ PVR (ABI) Ankle Brachial Index
- _____ Renal Artery Doppler
- _____ AAA / Abdominal Aorta
- _____ Venous / Arterial Doppler
- _____ Lower Extremity Arterial
- _____ Upper Extremity Arterial
- _____ Lower Extremity Venous
- _____ Upper Extremity Venous

NUCLEAR

- _____ Nuclear Stress Test (78452)
- _____ PET Stress Test (78492)
- _____ GXT (Treadmill/ No Imaging)
- _____ MUGA Scan (78472)

OTHER

- _____ Coronary Calcium Score (This test is not covered by insurance and cost \$50.00. Payment is due at time of service)

CT

- _____ CTA RUN OFF (75635) (Aortogram w/ run off)
- _____ CTA AAA (Abdominal) (74174)
- _____ CTA RENAL (74175)
- _____ CTV VENOUS (72191) (Venogram / Pelvic Veins)
- _____ CTA CAROTID (70498)
- _____ CT CHEST w/ out contrast (71250)
- _____ CT CHEST w/ contrast & w/ out contrast (71275) This test also includes the following
 - Thoracic
 - R/O PTE