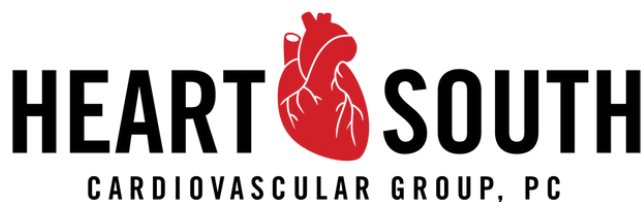


REQUEST FOR IMAGING STUDY

1022 North First Street
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Alabaster, AL 35007
O: 205-663-5775
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heartsouthpc.com



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Hosakote Nagaraj, M.D.
Nirman Bhatia, M.D., FACC
Patrick Proctor, M.D., FACC
Abilash Balmuri, M.D., FACC

Appointment Date: _____ Patient Home Phone: _____

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)
- ___ Segmental w/ PVR (ABI)
- ___ Ankle Brachial Index
- ___ Renal Artery Doppler
- ___ AAA / Abdominal Aorta

Venous / Arterial Doppler

- ___ Lower Extremity Arterial
- ___ Lower Extremity Arterial
- ___ Lower Extremity Arterial
- ___ Lower Extremity Arterial

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