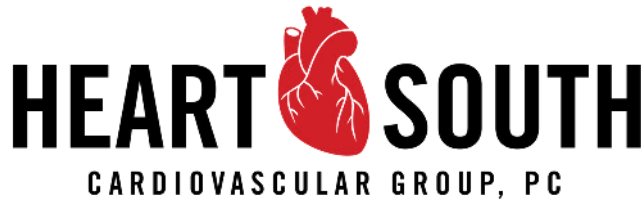


REQUEST FOR IMAGING STUDY

1022 North First Street
Suite 501
Alabaster, AL 35007
O: 205-663-5775
F: 205-739-2004
heartsouthpc.com



John D. McBrayer, M.D., FACC
Mark L. Mullens, M.D., FACC
Clifton R. Vance, M.D.
David S. Fieno, M.D. Ph.D
Neeraj Mehta, M.D., FACC
J. Hudson Segrest, M.D.
Krishna Kishore Gaddam, M.D.
Himanshu Aggarwal, M.D.
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): _____

*****PLEASE INCLUDE PATIENT INFORMATION DEOMGRAPHIC SHEET
AND COPIES OF INSURANCE CARDS*****

Renal Artery

- ___ Renal Artery Doppler
- ___ AAA / Abdominal Aorta

Echocardiogram

- ___ Echocardiogram (93306)
- ___ Echocardiogram w/contrast (93306)

NUCLEAR

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

Calcium Score

- ___ Coronary Calcium Score (This test is not covered by insurance and cost \$75.00. Payment is due at time of service).

Arterial Doppler, Venous, Carotid, ABI

- ___ Lower Extremity Arterial
- ___ Upper Extremity Arterial
- ___ Lower Extremity Venous
- ___ Upper Extremity Venous
- ___ Carotid Doppler
- ___ Segmental w/ PVR (ABI) Ankle Brachial Index