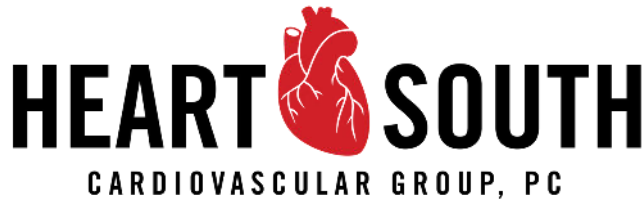


**REQUEST FOR IMAGING STUDY**

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  
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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 \$70.00. 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