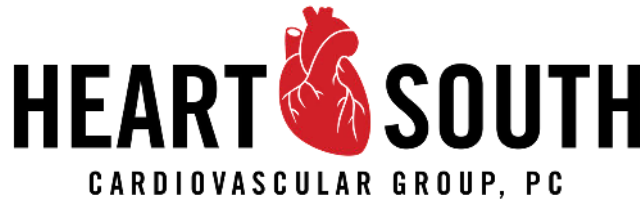


## REQUEST FOR IMAGING STUDY

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



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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