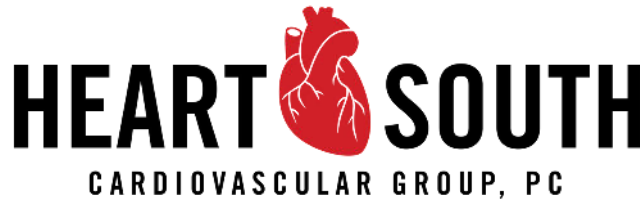


REQUEST FOR IMAGING STUDY

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



Mark L. Mullens, M.D., FACC
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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): _____

Referring Physician's Signature: _____

*****PLEASE INCLUDE PATIENT INFORMATION DEMOGRAPHIC 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