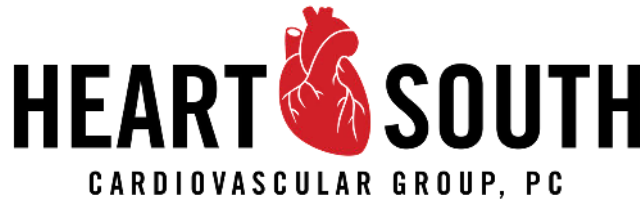


REQUEST FOR IMAGING STUDY

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



Mark L. Mullens, M.D., FACC
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David S. Fieno, M.D. Ph.D
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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: _____ Date: _____

*****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