

McLaren Flint

Cardiac and Thoracic Surgery • Michigan Heart Valve Institute

401 S. Ballenger Highway, 3 North • Flint, MI 48532 • Phone: 810-342-2590 • Fax: 810-342-2591

Fouad Azoury, MD • Sanjay Batra, MD • Omar Habib, MD • James Martin, MD • Thomas Davis, MD • Ahmad Munir, MD

PHYSICIAN OUTPATIENT ORDER FORM

Date: _____

PATIENT INFORMATION

Name: _____ Phone: _____ DOB: _____ Age: _____

Sex: M F Height: _____ Weight: _____

Insurance: _____ Member ID: _____

Allergies: NKA

DIAGNOSIS CODE

I25.10-Coronary Artery Disease

I34.0 Nonrheumatic Mitral valve insufficiency

I35.0 Aortic Stenosis

Other: _____

DIAGNOSTIC TESTING

LABORATORY

Priority: STAT Routine

- CBC
- CMP
- BNP
- INR
- aPTT
- Creatinine
- Hemoglobin
- Other: _____

NON- INVASIVE

- EKG : 93010
- 2D Complete Echo: 93306
- Dobutamine Stress Echo: 93350, J1250
- Transesophageal Echo (TEE): 93312
- Other: _____

Physician to Read: _____

Authorization #: _____

RADIOLOGY

- CTA Chest- 71275
- CTA Abdomen/ Pelvis- 74174
- TAVR Protocol
- IV Contrast
- IV Hydration: _____

Authorization #: _____

VASCULAR ULTRASOUND

Carotid Doppler: 93880

PULMONARY FUNCTION

Spirometry: 94010, Four puffs of Albuterol MDI during spirometry testing as needed

Pulmonary Provider: _____

OTHER

Note:

- Send medication list and allergies to Pulmonary
- Send most recent labs to radiology

Date: _____ Time: _____ Provider Signature: _____



PT.

MR./P.M.

DR.