

# McLaren Cardiovascular Institute

5220 Highland Road, Suite 240  
 Waterford, MI 48327  
 Phone: (248) 625-9099  
 Fax: (248) 625-4632

## Outpatient Physician Order Requisition

Exam Date: \_\_\_\_\_

Exam Time: \_\_\_\_\_

*\*Please arrive 15 minutes prior to appointment*

Patient Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

Diagnosis(es): \_\_\_\_\_

*Sign/Symptom or Confirmed Diagnosis, do not rule out or possible*

CHECK BELOW		<b>ECHO/VASCULAR/EEG TESTING</b>	
		<b>Echocardiogram 2-D with M-Mode Echo Doppler &amp; Color Flow</b>	
<input type="checkbox"/> Murmur	<input type="checkbox"/> Pericardial Effusion	93306	
<input type="checkbox"/> CHF	<input type="checkbox"/> Palpitations		
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Chest Pain		
<input type="checkbox"/> Other: _____			
		<b>EEG/Electroencephalogram</b>	
<input type="checkbox"/> Regular	<input type="checkbox"/> 24 hr. AMB	<input type="checkbox"/> 48 hr. AMB	<input type="checkbox"/> 72 hr. AMB
<input type="checkbox"/> Seizures	<input type="checkbox"/> Syncope	95819	
<input type="checkbox"/> CVA	<input type="checkbox"/> Paroxysmal Episode	95953	
<input type="checkbox"/> Other: _____			
		<b>Abdominal Aorta Duplex</b>	
*NPO 8-12 hrs. Prior	<input type="checkbox"/> AAA	<input type="checkbox"/> PVD	<input type="checkbox"/> HTN
<input type="checkbox"/> Other: _____		93978	
		<b>Arterial Doppler Upper Extremity</b>	
<input type="checkbox"/> Pain	<input type="checkbox"/> Claudication	93930	
<input type="checkbox"/> Raynaud's Disease	<input type="checkbox"/> Numbness	93922	
<input type="checkbox"/> Thoracic Outlet Syndrome	<input type="checkbox"/> PVD	93931	
<input type="checkbox"/> Other: _____		93923	
		<b>Arterial Doppler Lower Extremity</b>	
<input type="checkbox"/> AV Fistula	<input type="checkbox"/> Claudication	93925	
<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Ischemic Changes	93922	
<input type="checkbox"/> Leg Pain	<input type="checkbox"/> PVD	93926	
<input type="checkbox"/> Other: _____		93923	
		<b>Venous Doppler Upper Extremity</b>	
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral	93970
<input type="checkbox"/> Arm Pain	<input type="checkbox"/> Cellulitis	93971	
<input type="checkbox"/> Swelling	<input type="checkbox"/> DVT history of		
<input type="checkbox"/> Other: _____			
		<b>Venous Doppler Lower Extremity</b>	
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral	93970
<input type="checkbox"/> Arm Pain	<input type="checkbox"/> Cellulitis	93971	
<input type="checkbox"/> Swelling	<input type="checkbox"/> DVT history of		
<input type="checkbox"/> Other: _____			
		<b>Carotid Doppler</b>	
<input type="checkbox"/> Carotid Stenosis	<input type="checkbox"/> Bruit	93880	
<input type="checkbox"/> Syncope	<input type="checkbox"/> CVA		
<input type="checkbox"/> Other: _____			
		<b>Renal Artery Doppler</b>	
*NPO 8-12 hrs. Prior	<input type="checkbox"/> Hypertension	93975	
<input type="checkbox"/> Renal Artery Stenosis			
<input type="checkbox"/> Other: _____			

CHECK BELOW		<b>STRESS/HOLTER MONITOR TESTING</b>	
		<b>Treadmill Stress Test</b>	
*This test is performed using a treadmill (no other imaging modalities used). This test is recommended for patients without any prior cardiac history or at low risk for heart disease.		93017	
		<b>Stress Echocardiogram</b>	
*This test is performed using a treadmill and echocardiographic (ultrasound) images combined.		93017 93350	
		<b>Exercise Myocardial Perfusion Stress Test</b>	
*This test is performed using a treadmill and a radioactive isotope.		93017 78452	
		<b>Pharmacological Myocardial Perfusion Stress Test</b>	
*This is a NON EXERCISE type of stress test that uses medication to stress the heart combined with nuclear images.		93017 78452	
		<b>Holter Monitor 24-48 hour</b>	
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Shortness of Breath	93225	
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Syncope	93227	
<input type="checkbox"/> Other: _____			
		<b>Event Monitor (&gt;48 hour)</b>	
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Shortness of Breath	93228	
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Syncope		
<input type="checkbox"/> Other: _____			

### DIAGNOSIS FOR STRESS TESTING:

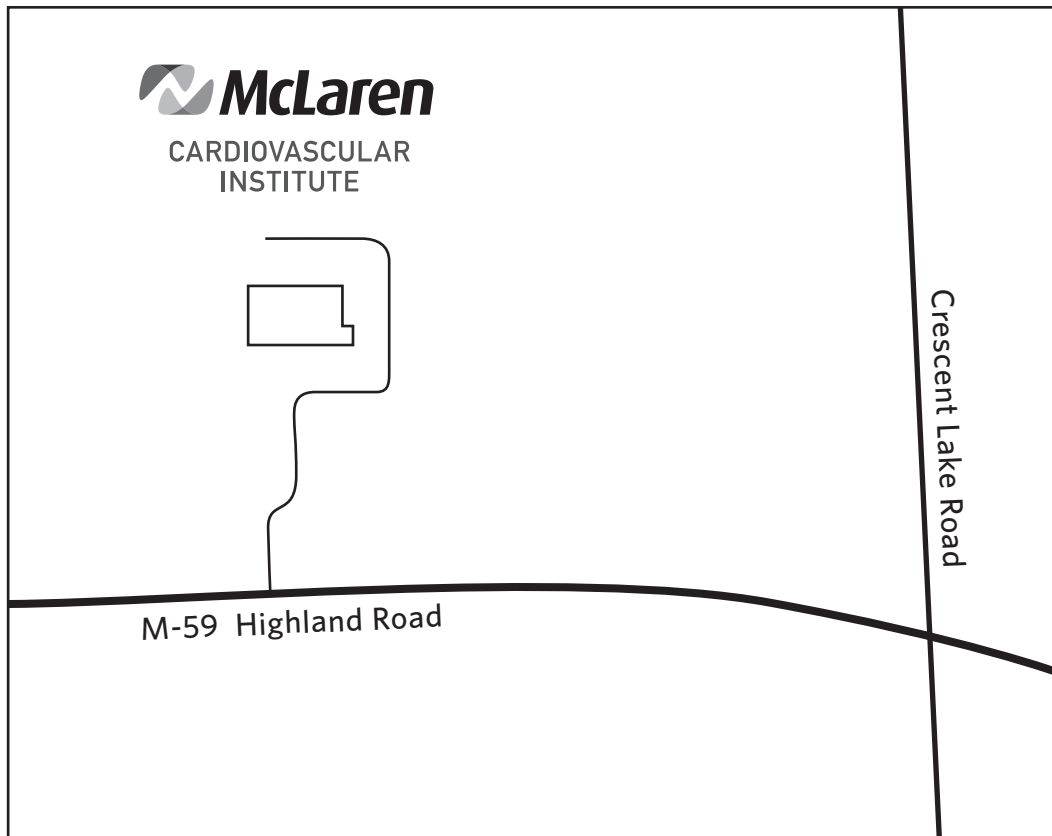
- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Angina       | <input type="checkbox"/> Abnormal EKG           |
| <input type="checkbox"/> Chest Pain   | <input type="checkbox"/> Palpitations           |
| <input type="checkbox"/> Dyspnea      | <input type="checkbox"/> Pre-Surgical Clearance |
| <input type="checkbox"/> Other: _____ |   |

### INSTRUCTIONS FOR ALL STRESS TESTING:

NPO at least 4 hours prior to testing. ABSOLUTELY NO Caffeine 24 hours prior (especially pharmacologic testing). No other stimulants such as nicotine just prior to testing.

PHYSICIAN SIGNATURE: \_\_\_\_\_  
 (Required)

Physician Printed Name: \_\_\_\_\_



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