

PATIENT LAST NAME	FIRST	MIDDLE
DATE OF BIRTH	PHONE	
SEX	APPOINTMENT DATE	DAY TIME
INSURANCE		
MUST PROVIDE CARDIOVASCULAR DIAGNOSIS SYMPTOMS:		
PULMONARY DIAGNOSIS SYMPTOMS:		
ROUTE RESULTS TO: NAME (OTHER PHYSICIAN)		
AUTHORIZATION NUMBER		



GREATER LANSING

2900 Collins Rd.
Lansing, Michigan 48910-2819
Access Center (All Exams)
Ph (800) 625-2736
Fax (810) 600-7864

Mon. – Fri. 8:00 am – 5:00 pm to schedule all exams
*If Exam needs to be cancelled, please notify department
24 hours in advance.*

CLIENT / ORDERING PHYSICIAN

PLEASE SPECIFY INTERPRETING PHYSICIAN OR SERVICE

PHYSICIAN	DATE
SIGNATURE	TIME

ECHOCARDIOGRAPHY:

- 93306 2D Echo w/Color Flow Doppler (CFD): w/saline bubble study w/Contrast
 93308 2D LTD/Follow up (no CFD): w/saline bubble study w/Contrast
 93350 Stress Echo: Treadmill Dobutamine

STRESS TEST/NUCLEAR CARDIOLOGY:

- 93017 Regular Treadmill Stress Test
 78452 Nuclear Stress Test
 &
 93017 With Treadmill
 Chemical _____ Schedule 2 day if > 250 lbs.
 93350 Stress Echo: Treadmill 93017 Dobutamine
 93230 Holter Monitor 93271 30 Day Event Monitor
 93005 EKG: No Appointment Required 7:30 am – 5:00 pm Mon.-Fri.

PULMONARY FUNCTION STUDIES:

- 82805 ABG (Arterial Blood Gas) Specify F102 required _____
 94060 Complete PFT (PFT with Bronchodilator, DLCO, Pleth)
 94726 with Hgb. corrected DLCO
 94729
 94010 Pre Bronchodilator Spirometry
 (Hold all inhalers for 4 hours prior to test)
 94729 Diffusion Study or DLCO Hgb, corrected DLCO
 94726 Pleth (Lung Volume & Airway Resistance)
 94070 Methacholine Challenge
 94726 **Hold all inhalers/bronchodilators/antihistamines 48 hours prior to testing
 94621 CPET/VO2 Max Metabolic Study
 94618 6-min walk
 9417 Exercise Bronchial Challenge
 **Hold all inhalers/bronchodilators/antihistamines 48 hours prior to testing
 94642 Pentamidine Aerosol Therapy

VASCULAR DEPARTMENT:

- 93880 Carotid Duplex Scan
 93922 Ankle-Brachial Index (ABI)
 93971 Unilateral Venous: Arm Leg Right Left
 93970 Bilateral Venous: Arm Leg
 93923 Arterial Doppler: Arm Leg
 93924 Lower Extremity Arterial Doppler Rest and Stress
 93926 Unilateral Lower Extremity Arterial Duplex Right Left
 93925 Bilateral Lower Extremity Arterial Duplex
 93931 Unilateral Upper Extremity Arterial Duplex Right Left
 93930 Bilateral Upper Extremity Arterial Duplex
 ** Abdominal
 93978 Aorta
 93975 Renal Artery Portal/Hepatic Artery SMA/Celiac
 ** No food or drink ater 10 pm. Meds only with a small amount of water.
 No gum or smoking in AM day of study.





GREATER LANSING

CAMPUS MAP

- 1** McLaren Greater Lansing Hospital
2900 Collins Road
Lansing, MI 48910
- 2** Outpatient Care Center/
Karmanos Cancer Institute
3520 Forest Road
Lansing, MI 48910
- 3** Parking Deck
3510 Forest Road
Lansing, MI 48910
- 4** Health & Wellness
Pavilion West
3245 Discovery Drive
Lansing, MI 48910
- 5** Health & Wellness
Pavilion East
3101 Discovery Drive
Lansing, MI 48910
- 6** Izzo Family Medical Center
3220 Discovery Drive
Lansing, MI 48910

University Health Park



ENTRANCE PARKING

N