# Cardiovascular Diagnostic Testing Order Form

## Indiana University Health Arnett Cardiology

**Central Scheduling T 765.448.8200**
**F 765.448.7670**

Patient Name: ______________________ Patient Phone: ______________

Diagnosis: ______________________ DOB: ______________

Referring Physician: ______________ Phone: __________ Fax: __________

Please Confirm Appointment With Referring Provider By: ☐ Fax ☐ Phone

Central Scheduling: Appointment Date: __________ Appointment Time: __________

**OFFICE PERSONNEL:** *Please fax face sheet and clinical notes to 765.448.7670. If you have questions please call 765.448.8200.*

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Patient's Current Height: _______ Patient's Current Weight: _______ lbs* **TREADMILLS - 350LB weight limit for safety*

Doctor must ☑ (check) diagnosis:

| | CODE | DIAGNOSIS |
|---|---|---|
| ☐ | I48.91 | Atrial Fibrillation |
| ☐ | I49.8 | Bradycardia |
| ☐ | I49.9 | Cardiac Arrhythmia |
| ☐ | R00.2 | Palpitations |
| ☐ | R55 | Syncope |
| ☐ | R00.0 | Tachycardia |
| ☐ | R07.9 | Chest Pain |
| ☐ | R06.02 | Shortness of Breath |
| ☐ | I25.10 | Coronary Artery Disease |
| ☐ | R94.31 | Abnormal ECG |
| ☐ | Z01.810 | Pre-op (provide diagnosis under "Other") |
| ☐ | I35.9 | Aortic Valve Disorder |
| ☐ | I05.9 | Mitral Valve Disorder |
| ☐ | I42.9 | Cardiomyopathy |
| ☐ | I51.7 | Cardiomegaly |
| ☐ | Z95.4 | Valve Replacement |
| ☐ | I10 | Hypertension |
| ☐ | R09.89 | Carotid Bruit |
| ☐ | I65.23 | Carotid Pharm - Multiple Arteries |
| ☐ | R42 | Dizziness |
| ☐ | G45.9 | TIA |
| ☐ | I73.9 | Claudication, Unspecified |
| ☐ | I73.9 | PVD, Unspecified |
| ☐ | L97.909 | Ulcer (lower extremity) |
| ☐ | I74.3 | Arterial Embolism/Thrombosis (of lower extremity) |
| ☐ | I72.4 | Aneurysm (of lower extremity) |
| ☐ | I96 | Gangrene |

**OTHER (Please write in CODE and DIAGNOSIS)**

☐ ______________

☐ ______________

☐ ______________

**CARDIAC & VASCULAR DIAGNOSTIC TESTS REQUESTED**

☐ **ECG**: Electrocardiogram

☐ **HOLTER MONITOR**: 24 hour heart monitor

☐ **EVENT MONITOR** (King of Hearts): 2 week arrhythmia monitor

☐ **EXERCISE STRESS TEST**: Exercise treadmill, no imaging (must have normal resting ECG and ability to walk 3.5 mph)

☐ **EXERCISE STRESS ECHO**: Exercise treadmill with echo cardiographic imaging
*1) Artificial valve and position, type & size* ______________

☐ **2D ECHO**: Cardiac Ultrasound at rest
*1) Artificial valve and position, type & size* ______________

☐ **SAP & ABI**: peripheral artery doppler

☐ **SURGICAL CLEARANCE**

☐ **TILT TABLE**

☐ **DOBUTAMINE STRESS ECHO**

☐ **TREADMILL (ONLY)**

☐ **NUCLEAR STRESS TEST**

☐ **NUCLEAR LEXISCAN STRESS TEST**

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Referring Physician Signature

Arnett Physicians

**iuhealth.org/arnettreferral**

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