



NORTH KANSAS CITY OFFICE
 2790 Clay Edwards Dr., Ste. 520
 North Kansas City, MO 64116
 Office: 816-221-6750
 Fax: 816-221-2335

NORTH OAK OFFICE
 9411 North Oak Trfwy., Ste. 260
 Kansas City, MO 64155

PARK PLAZA OFFICE
 6450 N. Chatham Ave
 Kansas City, MO 64151

ENGLEWOOD OFFICE
 101 NW Englewood Rd
 Gladstone, MO 64118

SHOAL CREEK OFFICE
 9151 NE 81st Terr., Ste. 130
 Kansas City, MO 64158

OTHER LOCATIONS:
 Excelsior Springs, MO
 Independence, MO
 Richmond, MO

CONSULT/DIAGNOSTIC TESTING ORDERS

| | | | |
|---|--------------------------------|--|--|
| Patient Name: _____ | | Ordering Doctor: _____ | |
| DOB: _____ | | Office Phone: _____ | Office Fax: _____ |
| Social Security Number: _____ | | Office Contact: _____ | |
| Patient Phone/Alternate Phone / _____ | | Notify Me by <input type="checkbox"/> Phone <input type="checkbox"/> Fax | Referral/Precert Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance: _____ | Insurance ID #'s: _____ | Group # _____ | Ins. Contact Name: _____ |
| | | Auth/Precert # _____ | |

Please attach a current Face Sheet, Medication list, Office Notes, and Insurance Card. Fax to 816-221-2335

Consult
Reason _____

STRESS TESTING
 Patient Ht. _____ Wt. _____

78452 Pharmacological Nuclear Stress
 78452 Treadmill Nuclear Stress
 93351 Stress Echo (Echo & TM)
 93015 Treadmill
 78492 Cardiac PET Stress
 Other _____

OTHER DIAGNOSTIC TESTS

93306 Echocardiogram
 93880 Carotid Ultrasound
 93224 Holter Monitor 24 hr 48 hr
 93268 Event Monitor
 93268 AFib Monitor
 Other _____

STRESS MEDICATION INSTRUCTIONS

The following medications may need to be held for Stress Testing:

12 Hours Prior

Imdur, Isosorbide, Nitro-Bid

24 Hours Prior

All forms of Theophylline, Any Beta Blockers, including: Toprol, Metoprolol, Lopressor, Coreg, Bisoprolol, Bystolic, Atenolol

48 Hours Prior (Must Hold for Pharmacological Nuclear Stress and Cardiac PET Stress)

Persantine, Pletal (Cilostazol) Aggrenox

INDICATIONS FOR TESTING

786.50 Chest Pain (All Tests)
 786.59 Chest Discomfort (All Tests)
 786.05 SOB (All Tests)
 414.01 CAD (Any Stress Test)
 427.31 Atrial Fibrillation (All Tests)
 427.89 Bradycardia (All Tests)(Except Cigna)
 794.31 Abn EKG (All Tests)
(not Holter/Event or Afib Monitor)
 780.2 Syncope (All Tests)
 785.1 Palpitations (All Tests)
 401.9 HTN (Echo Only)(Except Cigna)
 785.2 Heart Murmur (Echo)
 780.4 Dizziness (Holters/Events)
 428.0 CHF (Any Stress Test)
 429.3 Cardiomegaly (Any Test)
 427.81 SSS (All Tests)(Except Cigna)

Reason for Surgery _____

Dysrhythmia (Nuclear)

427.0 Paroxysmal SVT *
 427.1 Ventricular Tachycardia
 427.61 Premature Atrial Contraction *
 427.69 Premature Ventricular Contraction *
 *Except United Healthcare

APPOINTMENT INFORMATION:

Date: _____

Time: _____

Location:

North Kansas City Office
 North Oak Office
 Shoal Creek Office
 Park Plaza Office
 Englewood Office
 North Kansas City Hospital, NKCH
 Richmond Clinic, RCMH
 Excelsior Springs Clinic, ESMC
 Independence Office

Scheduled By: _____

If the ordering physician does not want any of these medications held, please list:

DO NOT HOLD:

AV Block (Any Stress Test)

426.10 Unspecified
 426.11 First Degree AV Block
 426.12 Mobitz Type II
 426.13 Wenkebach
 426.3 Left Bundle Branch
 426.4 Right Bundle Branch
 426.7 WPW (Wolfe Parkinson White)
 426.82 Long QT

INDICATIONS FOR CAROTID ONLY

785.9 Bruit
 780.2 Syncope
 781.4 Temp Paralysis of Limb
 781.94 Facial Weakness
 782.0 Disturbance of Skin Sensation

Provider Signature/Date: _____ / _____