

## Patient Information

Patient Name \_\_\_\_\_ Insurance \_\_\_\_\_  
 DOB \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Insurance ID No. \_\_\_\_\_  
 NYPH / MRN \_\_\_\_\_ Pre-Authorization No. \_\_\_\_\_

## Appointment Information

Patients: Please review exam prep instructions on reverse side

Exam Date \_\_\_\_\_ Exam Time \_\_\_\_\_  
☐ 1305 York Ave ☐ 1283 York Ave ☐ 520 E 70th St ☐ 425 E 61st St ☐ 416 E 55th St ☐ 2315 Broadway ☐ 53 Beekman St ☐ 28-25 Jackson Ave

## Physician Information

Physician Name \_\_\_\_\_ NPI \_\_\_\_\_  
 Physician Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Physician Signature \_\_\_\_\_ Date Ordered \_\_\_\_\_

## Cardiovascular CT Requisition

### Order Information

- ☐ **CALCIUM SCORE ONLY:** CT Cardiac without IV Contrast — Calcium Score [CPT 75571]
- ☐ **CORONARY ARTERIES:** CT Angiography Cardiac with + without IV Contrast — Coronary Arteries [CPT 75574]  
 Low-dose radiation exam without LV function, includes calcium score if appropriate (select one):  
☐ Coronary\*  
☐ Coronary + CABG  
☐ Coronary\* + PVI  
☐ Add LV function (standard-dose radiation)  
☐ \*Add **FFR-CT** (fractional flow reserve derived from CT), if indicated [CPT 0501T]
- ☐ **TAVR:** Select One: ☐ CT Cardiac — TAVR [CPT 75572] *Pre-procedural imaging for TAVR (standard)*  
☐ CT Angiography Cardiac — TAVR [CPT 75574] *Pre-procedural imaging for TAVR (includes coronaries)*  
☐ Add CT with IV Contrast of Chest, Abdomen, Pelvis (for vascular access)
- ☐ **PULMONARY VEIN:** CT Cardiac with IV Contrast — Pulmonary Vein [CPT 75572]  
*Pre-procedural imaging for Pulmonary Vein Isolation (PVI)*
- ☐ **NON-CORONARY ARTERY:** CT Cardiac with IV Contrast — Non-Coronary Artery [CPT 75572]  
*For RV/LV function, cardiac mass, pericardium, valves, gated aortic root thoracic aorta (non-TAVR)*  
 Specify: \_\_\_\_\_
- ☐ **CONGENITAL:** CT Cardiac with IV Contrast — Congenital [CPT 75573]  
*For congenital heart disease evaluation, including anomalous coronaries.*
- ☐ **Additional Imaging:** \_\_\_\_\_

### Clinical Information

**CLINICAL HISTORY:** \_\_\_\_\_

*For Contrast Exam:*

Last Creatinine Level/Date: \_\_\_\_\_  
 Contrast Allergy? ☐ No ☐ Yes  
 If yes, describe allergy: \_\_\_\_\_

*For Coronary Artery Exam:*

Contraindications to Nitrates? ☐ No ☐ Yes  
 Is patient in atrial fibrillation? ☐ No ☐ Yes  
 Any coronary stents? ☐ No ☐ Yes

**ICD-10 CODES** (select all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Angina pectoris, unspecified <b>I20.9</b>  | <input type="checkbox"/> Abnormal result of other cardiovascular function study <b>R94.39</b> | <input type="checkbox"/> Coronary artery aneurysm <b>I25.41</b>  |
| <input type="checkbox"/> Chest pain, unspecified <b>R07.9</b>   | <input type="checkbox"/> Unspecified atrial fibrillation <b>I48.91</b>                        | <input type="checkbox"/> Congenital malformation of heart, unspecified <b>Q24.9</b>                            |
| <input type="checkbox"/> Old myocardial infarction <b>I25.2</b>   | <input type="checkbox"/> Nonrheumatic aortic valve disorder, unspecified <b>I35.9</b>         | <input type="checkbox"/> Congenital malformation of cardiac chambers and connections, unspecified <b>Q20.9</b> |
| <input type="checkbox"/> Chronic ischemic heart disease, unspecified <b>I25.9</b>   | <input type="checkbox"/> Nonrheumatic mitral valve disorder, unspecified <b>I34.9</b>         | <input type="checkbox"/> Congenital malformation of great arteries, unspecified <b>Q25.9</b>                   |
| <input type="checkbox"/> Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris <b>I25.119</b>          | <input type="checkbox"/> Disease of pericardium, unspecified <b>I31.9</b>                     | <input type="checkbox"/> Congenital malformation of great vein, unspecified <b>Q26.9</b>                       |
| <input type="checkbox"/> Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris <b>I25.709</b> | <input type="checkbox"/> Dissection of thoracic aorta <b>I71.01</b>                           | <input type="checkbox"/> Other: _____  |
|   | <input type="checkbox"/> Thoracic aorta aneurysm, without rupture <b>I71.2</b>                |  |

## Cardiovascular CT Preparation Instructions

### Patient Instructions

- Chest should be shaved (if needed) for ECG leads to be placed
- Bring this prescription slip and any prior outside films to appointment for comparison
- Consult insurance company for any inquiries regarding referrals and pre-certifications

### Weill Cornell Imaging at NewYork-Presbyterian Locations



- ☐ **1** 1305 York Ave, 3rd Floor, NY, NY 10021 (70th St)
- ☐ **2** \*1283 York Ave, 7th Floor, NY, NY 10065 (69th St)
- ☐ **3** \*520 East 70th St, Starr Pavilion, Floor 0, NY, NY 10021
- ☐ **4** 425 East 61st St, 9th Floor, NY, NY 10065
- ☐ **5** 416 East 55th St, Ground Floor, NY, NY 10022
- ☐ **6** \*2315 Broadway, 4th Floor, NY, NY 10024 (84th St)
- ☐ **7** \*53 Beekman St, Ground Floor, NY, NY 10038
- ☐ **8** \*28-25 Jackson Ave, 2nd Floor, Long Island City, NY 11101

\* Cardiovascular CT Exams are offered at these locations

### Exam Instructions

#### **CALCIUM SCORE ONLY:** CT Cardiac without IV Contrast — Calcium Score [CPT 75571]

- No fasting requirements

#### **CORONARY ARTERIES:** CT Angiography Cardiac with + without IV Contrast — Coronary Arteries [CPT 75574]

- No fasting requirements
- No Phosphodiesterase Type 5 Inhibitor (such as VIAGRA®, CIALIS®, LEVITRA®, etc.) for two (2) days prior to exam
- Please plan to stay a minimum of one and a half (1.5) hours

#### **TAVR:** CT Cardiac — TAVR [CPT 75572] or CT Angiography Cardiac — TAVR [CPT 75574]

- No fasting requirements

#### **PULMONARY VEIN:** CT Cardiac with IV Contrast — Pulmonary Vein [CPT 75572]

- No fasting requirements

#### **NON-CORONARY ARTERY:** CT Cardiac with IV Contrast — Non-Coronary Artery [CPT 75572]

- No fasting requirements

#### **CONGENITAL:** CT Cardiac with IV Contrast — Congenital [CPT 75573]

- No fasting requirements
- If includes Coronary Arteries, no Phosphodiesterase Type 5 Inhibitor (such as VIAGRA®, CIALIS®, LEVITRA®, etc.) for two (2) days prior to exam
- Please plan to stay a minimum of one and a half (1.5) hours