

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

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
- Heart rate lowering medications and sublingual nitroglycerin are typically given for coronary evaluation
- 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
- Heart rate lowering medications and sublingual nitroglycerin are typically given for coronary evaluation
- Please plan to stay a minimum of one and a half (1.5) hours