

Patient Information

Patient Name _____ NYP MRN _____
DOB _____ Weight _____ BMI _____ Pre-authorization No. _____
Signs and Symptoms / ICD-10 Codes _____

Appointment Information

Patients: Please review exam prep instructions on reverse side

Exam Date _____ Exam Time _____ Date Ordered _____
Cardiovascular CT Locations: 1305 York Ave 1283 York Ave 53 Beekman St 28-25 Jackson Ave 520 East 70th St

Physician Information

Want electronic results and images? Email wciny-p-liaison@med.cornell.edu

Physician Name _____ NPI _____
Physician Address _____ Phone _____ Fax _____
Physician Signature _____ STAT Read: call _____

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
 - . Add LV function (standard-dose radiation)
 - *Add **CT-FFR** (fractional flow reserve derived from CT), if indicated [CPT 75580]
- 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

Medical Records

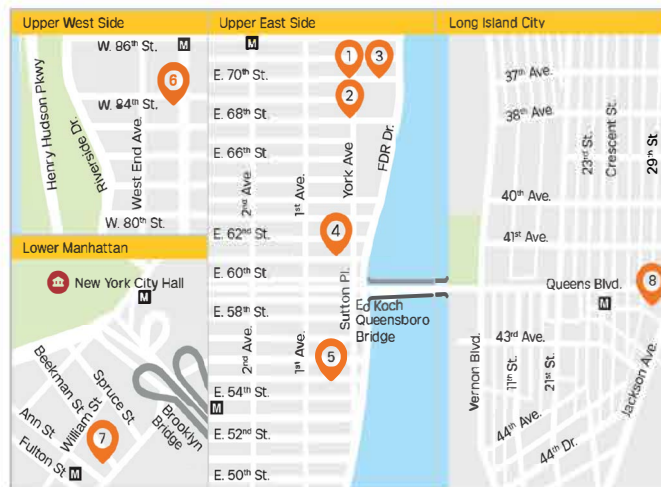
View and share your images and reports anytime, anywhere with Connect

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Locations

* Cardiovascular CT Exams are offered at these 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
- 6** 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

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