

Patient Information

Patient Name _____ NYP MRN _____
 DOB _____ BMI _____ Weight _____ Heart Rate _____ Pulse _____
 Signs and Symptoms / ICD -10 Codes _____

Appointment Information

Patients: Please review exam preparation instructions on reverse side

Exam Date _____ Exam Time _____ Pre-Authorization No. _____
 Cardiovascular CT Locations: ☐ 1283 York ☐ 520 E 70th ☐ 2315 Broadway ☐ 504 W 35th ☐ 53 Beekman ☐ 28-25 Jackson

Referring 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 EXAMS

- ☐ **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
 - ☐ Add LV function (standard-dose radiation)
 - ☐ Add **HEMODYNAMIC TESTING** if indicated [CPT 75580]
 - ☐ HeartFlow CT-FFR ☐ Clearly Ischemia ☐ CT Reader Discretion
 - ☐ Add **PLAQUE QUANTIFICATION:** CT Coronary Plaque Quantification [CPT 75577]
 - ☐ HeartFlow Plaque Analysis ☐ Clearly Plaque Analysis
 - ☐ Coronary + CABG
- ☐ **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
 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):

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

Patient Checklist

If you are pregnant, may be pregnant, or on a fertility protocol, please notify our team before your exam.

- ☐ Bring this prescription form to your appointment or upload electronically at wciny.org/patients.
- ☐ Bring your insurance card to your appointment (copays are collected at the time of service).
- ☐ Bring prior outside CD images to your exam for comparison or contact our Medical Records team at 212-746-6000, option 3 to learn how to upload these images electronically.
- ☐ Chest should be shaved (if needed) for EKG leads to be placed.

Medical Records

Your results will automatically get sent to the referring provider listed on this prescription.

They will also be accessible to you through Connect where you can view and share your images and reports.

Online Scheduling

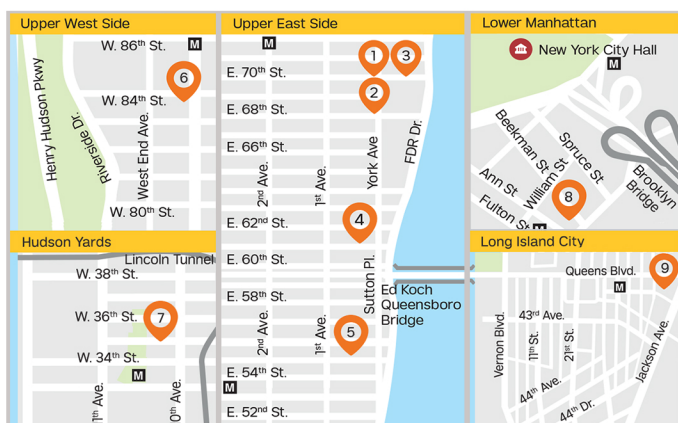


You can now schedule your appointment online! Scan the QR code to begin.

Questions? Visit wciny.org/patients for more information.

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
- 5 416 East 55th St, Ground Floor, NY, NY 10022
- 6 *2315 Broadway, 4th Floor, NY, NY 10024 (84th St)
- 7 *504 West 35th St, 2nd Floor, NY, NY 10001
- 8 *53 Beekman St, Ground Floor, NY, NY 10038
- 9 *28-25 Jackson Ave, 2nd Floor, Long Island City, NY 11101

Exam Preparations

CALCIUM SCORE ONLY: CT Cardiac without IV Contrast - Calcium Score [CPT 75571]

TAVR: CT Cardiac - TAVR [CPT 75572] or CT Angiography Cardiac - TAVR [CPT 75574]

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

PULMONARY VEIN: CT Cardiac with IV Contrast - Pulmonary Vein [CPT 75572]

- All exams listed above have no fasting requirements.

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

- No fasting requirements.
- Do not take Viagra®, Cialis®, Levitra®, or other similar medications two (2) days prior to exam.
- You may be given a medication called nitroglycerin to safely lower your heart rate for coronary evaluation.

CONGENITAL: CT Cardiac with IV Contrast - Congenital [CPT 75573]

- No fasting requirements.
- If Coronary Arteries are included, read through additional preps listed above.

Our staff is available to address any questions or concerns that you might have before, during, or after your appointment. Please call (212) 746-6000 if you wish to speak with us.