

Patient Information	
Patient Name _____	Insurance _____
DOB _____	Insurance ID No. _____
NYPH / MRN _____	Pre-Authorization No. _____
Appointment Information	
Patients: Please review exam prep instructions on reverse side	
Exam Date _____	Exam Time _____
Locations: <input type="checkbox"/> 520 East 70th Street, Starr 0 <input type="checkbox"/> 2315 Broadway, 4th Floor <input type="checkbox"/> 53 Beekman Street <input type="checkbox"/> 1283 York Avenue, 7th Floor	
Physician Information	
Physician Name _____	NPI _____
Physician Address _____	Phone _____ Fax _____
Physician Signature _____	Date Ordered _____

Cardiovascular CT Requisition

Order Information
<input type="checkbox"/> CALCIUM SCORE ONLY: CT Cardiac without IV Contrast — Calcium Score [CPT 75571]
<input type="checkbox"/> CORONARY ARTERIES: CT Angiography Cardiac with + without IV Contrast — Coronary Arteries [CPT 75574] Low-dose radiation exam <u>without</u> LV function, includes calcium score if appropriate (select one):
<input type="checkbox"/> Coronary <input type="checkbox"/> Coronary + CABG <input type="checkbox"/> Coronary + PVI <input type="checkbox"/> Add LV function (standard-dose radiation)
<input type="checkbox"/> TAVR: CT Angiography Cardiac — TAVR [CPT 75574] <i>Pre-procedural imaging for Transcatheter Aortic Valve Replacement (TAVR)</i>
<input type="checkbox"/> Add CT with + without IV Contrast of Chest, Abdomen, Pelvis (for vascular access)
<input type="checkbox"/> PULMONARY VEIN: CT Cardiac with IV Contrast — Pulmonary Vein [CPT 75572] <i>Pre-procedural imaging for Pulmonary Vein Isolation (PVI)</i>
<input type="checkbox"/> NON-CORONARY ARTERY: CT Cardiac with IV Contrast — Non-Coronary Artery [CPT 75572] <i>For RV/LV function, cardiac mass, pericardium, valves, gated aortic root thoracic aorta (non-TAVR)</i> Specify: _____
<input type="checkbox"/> CONGENITAL: CT Cardiac with IV Contrast — Congenital [CPT 75573] <i>For congenital heart disease evaluation, including anomalous coronaries.</i>
<input type="checkbox"/> Additional Imaging: _____

Clinical Information			
CLINICAL HISTORY: _____			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> For Contrast Exam: Last Creatinine Level/Date: _____ Contrast Allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe allergy: _____ </td> <td style="width: 50%; vertical-align: top;"> For Coronary Artery Exam: Contraindications to Nitrates? <input type="checkbox"/> No <input type="checkbox"/> Yes Is patient in atrial fibrillation? <input type="checkbox"/> No <input type="checkbox"/> Yes Any coronary stents? <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>	For Contrast Exam: Last Creatinine Level/Date: _____ Contrast Allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe allergy: _____	For Coronary Artery Exam: Contraindications to Nitrates? <input type="checkbox"/> No <input type="checkbox"/> Yes Is patient in atrial fibrillation? <input type="checkbox"/> No <input type="checkbox"/> Yes Any coronary stents? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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ICD-10 CODES (select all that apply):			
<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Angina pectoris, unspecified I20.9 <input type="checkbox"/> Chest pain, unspecified R07.9 <input type="checkbox"/> Old myocardial infarction I25.2 <input type="checkbox"/> Chronic ischemic heart disease, unspecified I25.9 <input type="checkbox"/> Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris I25.119 <input type="checkbox"/> Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris I25.709 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Abnormal result of other cardiovascular function study R94.39 <input type="checkbox"/> Unspecified atrial fibrillation I48.91 <input type="checkbox"/> Nonrheumatic aortic valve disorder, unspecified I35.9 <input type="checkbox"/> Nonrheumatic mitral valve disorder, unspecified I34.9 <input type="checkbox"/> Disease of pericardium, unspecified I31.9 <input type="checkbox"/> Dissection of thoracic aorta I71.01 <input type="checkbox"/> Thoracic aorta aneurysm, without rupture I71.2 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Coronary artery aneurysm I25.41 <input type="checkbox"/> Congenital malformation of heart, unspecified Q24.9 <input type="checkbox"/> Congenital malformation of cardiac chambers and connections, unspecified Q20.9 <input type="checkbox"/> Congenital malformation of great arteries, unspecified Q25.9 <input type="checkbox"/> Congenital malformation of great vein, unspecified Q26.9 <input type="checkbox"/> Other: _____ </td> </tr> </table>	<input type="checkbox"/> Angina pectoris, unspecified I20.9 <input type="checkbox"/> Chest pain, unspecified R07.9 <input type="checkbox"/> Old myocardial infarction I25.2 <input type="checkbox"/> Chronic ischemic heart disease, unspecified I25.9 <input type="checkbox"/> Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris I25.119 <input type="checkbox"/> Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris I25.709	<input type="checkbox"/> Abnormal result of other cardiovascular function study R94.39 <input type="checkbox"/> Unspecified atrial fibrillation I48.91 <input type="checkbox"/> Nonrheumatic aortic valve disorder, unspecified I35.9 <input type="checkbox"/> Nonrheumatic mitral valve disorder, unspecified I34.9 <input type="checkbox"/> Disease of pericardium, unspecified I31.9 <input type="checkbox"/> Dissection of thoracic aorta I71.01 <input type="checkbox"/> Thoracic aorta aneurysm, without rupture I71.2	<input type="checkbox"/> Coronary artery aneurysm I25.41 <input type="checkbox"/> Congenital malformation of heart, unspecified Q24.9 <input type="checkbox"/> Congenital malformation of cardiac chambers and connections, unspecified Q20.9 <input type="checkbox"/> Congenital malformation of great arteries, unspecified Q25.9 <input type="checkbox"/> Congenital malformation of great vein, unspecified Q26.9 <input type="checkbox"/> Other: _____
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Cardiovascular CT Preparation Instructions

Locations



- 1 1305 York Ave, 3rd Floor, New York, NY 10021 (70th St)
- 2 ***1283 York Ave**, 7th Floor, New York, NY 10065 (69th St)
- 3 ***520 East 70th St**, Starr Pavilion, New York, NY 10021
- 4 425 East 61st St, 9th Floor, New York, NY 10065
- 5 416 East 55th St, New York, NY 10022
- 6 ***2315 Broadway**, 4th Floor, New York, NY 10024 (84th St)
- 7 ***53 Beekman St**, New York, NY 10038

**Cardiovascular CT Exams are offered at these locations*

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

Exam Preparations

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 for two (2) days prior to exam
- Please plan to stay a minimum of one and a half (1.5) hours

TAVR: 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 for two (2) days prior to exam. Please plan to stay a minimum of one and a half (1.5) hours.