

Ordering Clinic: Please complete demographic section, place a check mark by the desired procedure(s), obtain signature from Ordering Provider, secure and document prior authorization number for Nuclear Stress Tests, and fax form to Centralized Scheduling.

Patient Name:	Patient Date of Birth:
Diagnosis:	ICD 10 Code:
Height:	Insurance:
Weight:	Ordering Provider:
BMI:	Allergies:
93017/78451/78452 Lexiscan Cardiolute (Nuclear) Stress Test PRIOR AUTH Number: _____ Decision Support Session ID: _____ <ul style="list-style-type: none"> Lexiscan (regadenoson) 0.4mg IV once Decision Support Vendor: _____ Aminophylline 100mg IV PRN rescue Decision Support Score: _____ NS 10mL flush PRN Decision Support G Code: _____ 	
93017/78451/78452 Cardiolute (Nuclear) Exercise Stress Test PRIOR AUTH Number: _____ Decision Support Session ID: _____ <ul style="list-style-type: none"> Hold Beta Blocker? <input type="checkbox"/> Yes <input type="checkbox"/> No Decision Support Vendor: _____ Decision Support Score: _____ Decision Support G Code: _____ 	
93017 Exercise Stress Test <ul style="list-style-type: none"> Hold Beta Blocker? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
93225/93226 Holter Monitor <ul style="list-style-type: none"> <input type="checkbox"/> 24 hour OR <input type="checkbox"/> 48 hour 	
93242/93243 3-7 Day Holter Monitor # of Days _____	
93247/93248 8-14 Day Holter Monitor # of Days _____	
93270/93272 Event Monitor <ul style="list-style-type: none"> <input type="checkbox"/> 7 Day OR <input type="checkbox"/> 14 Day OR <input type="checkbox"/> 21 Day OR <input type="checkbox"/> 30 Day 	
93228/93229 Mobile Cardiac Telemetry Monitor <ul style="list-style-type: none"> <input type="checkbox"/> 7 Day OR <input type="checkbox"/> 14 Day OR <input type="checkbox"/> 21 Day OR <input type="checkbox"/> 30 Day 	
93005 Electrocardiogram (EKG)	

PROVIDER SIGNATURE: _____ **DATE:** _____

Prairie Ridge Health SCHEDULING: Please fill out fields below and provide copy of order form to:

___Pharmacy ___Medical Imaging ___RT

Procedure Scheduled for:

MRN:

Date:

Time: