



NORTH KANSAS CITY OFFICE
 2790 Clay Edwards Dr., Ste. 520
 North Kansas City, MO 64116
 Office: 816-221-6750
 Scheduling: 329-6316 or 329-6324
 Scheduling Fax: 816-346-7969

NORTH OAK OFFICE
 9411 North Oak Trfwy., Ste. 260
 Kansas City, MO 64155
SHOAL CREEK OFFICE
 9151 NE 81st Terr., Ste. 130
 Kansas City, MO 64158

OTHER LOCATIONS:
 Richmond, MO
 Excelsior Springs, MO

CONSULT/DIAGNOSTIC TESTING ORDERS

Patient Name:		Ordering Doctor:		
DOB:		Office Phone:		Office Fax:
Social Security Number:		Office Contact:		
Patient Phone/Alternate Phone /		Notify Me by <input type="checkbox"/> Phone <input type="checkbox"/> Fax		Referral/Precert Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance:	Insurance ID #'s:	Group #	Ins. Contact Name:	Auth/Precert #

A current medication list, office notes, and copy of insurance card must be faxed with this order to 816-346-7969

Consult Reason _____

STRESS TESTING

Patient Ht. _____ Wt. _____

78452 Pharmacological Nuclear Stress

78452 Treadmill Nuclear Stress

93351 Stress Echo (Echo & TM)

93015 Treadmill

Other _____

STRESS MEDICATION INSTRUCTIONS

The following medications may need to be held for Stress Testing:

12 Hours Prior

Imdur, Isosorbide, Nitro-Bid

24-48 Hours Prior

Persantine, Pletal (Cilostazol) Aggrenox, All forms of Theophylline, Any Beta Blockers, including: Toprol, Metoprolol, Lopressor, Coreg, Bisoprolol, Bystolic, Atenolol

If the ordering physician does not want any of these medications held, please list:

- INDICATIONS FOR TESTING**
- 786.50 Chest Pain (All Tests)
 - 786.59 Chest Discomfort (All Tests)
 - 786.05 SOB (All Tests)
 - 414.01 CAD (Any Stress Test)
 - 427.31 Atrial Fibrillation (All Tests)
 - 427.89 Bradycardia (All Tests)
 - 794.31 Abn EKG (All Tests)
(not Holter/Event or Afib Monitor)
 - 780.2 Syncope (All Tests)
 - 785.1 Palpitations (All Tests)
 - 401.9 HTN (Echo Only)
 - 785.2 Heart Murmur (Echo)
 - 780.4 Dizziness (Holters/Events)
 - 428.0 CHF (Any Stress Test)
 - 429.3 Cardiomegaly (Any Test)
 - 427.81 SSS (All Tests)
- Reason for Surgery _____

- OTHER DIAGNOSTIC TESTS**
- 93306 Echocardiogram
 - 93880 Carotid Ultrasound
 - 93224 Holter Monitor 24 hr 48 hr
 - 93268 Event Monitor
 - 93268 AFib Monitor
 - Other _____

- Dysrhythmia (Nuclear)**
- 427.0 Paroxysmal SVT
 - 427.1 Ventricular Tachycardia
 - 427.61 Premature Atrial Contraction
 - 427.69 Premature Ventricular Contraction

APPOINTMENT INFORMATION:
 A Current Medication List Must Accompany This Order

Date: _____

Time: _____

Location:

- North Kansas City Office
- North Oak Office
- Shoal Creek Office
- North Kansas City Hospital
- Richmond Clinic, RCH
- Excelsior Springs Clinic, ESMC

Scheduled By: _____

DO NOT HOLD:

- AV Block (Any Stress Test)**
- 426.10 Unspecified
 - 426.11 First Degree AV Block
 - 426.12 Mobitz Type II
 - 426.13 Wenkebach
 - 426.2 Left Bundle Branch
 - 426.4 Right Bundle Branch
 - 426.7 WPW (Wolfe Parkinson White)
 - 426.82 Long QT

- INDICATIONS FOR CAROTID ONLY**
- 785.9 Bruit
 - 780.2 Syncope
 - 781.4 Temp Paralysis of Limb
 - 781.94 Facial Weakness
 - 782.0 Disturbance of Skin Sensation

Provider Signature/Date: _____ / _____