

REFERRAL FOR CARDIAC TESTING

Patient's name _____

Date of birth _____ Height _____ Weight _____ Male Female

Referring doctor _____ Phone _____

Indication for the test: _____

(It must be an approved indication - go to <https://www.yakimaheartcenter.com> for more information)

Please attach patient demographics, a recent ECG, medication list, and a copy of your signed clinical note clearly indicating the reason for the test and current symptoms in order to establish medical necessity. We cannot schedule testing without this information. If you are unsure of what test to order please contact our office. Phone: 509-574-0243 Fax: 509-574-0330

__ 12 lead Electrocardiogram (93000)

__ Exercise Stress Test (93015) (suggested use below) *start here prior to stress test with imaging*

Normal baseline ECG

Able to exercise to achieve 85% max predicted HR

__ Exercise Stress Echo (93351) (suggested use below)

Abnormal or equivocal

Nonspecific abnormalities on ECG

Able to exercise and achieve 85% max predicted HR

Desire additional structural cardiac assessment

__ Dobutamine Stress Echo (93351) (suggested use below)

Exercise contraindicated, unable to exercise or achieve 85% max predicted HR

Normal or nonspecific baseline ECG with no underlying dysrhythmia (ie atrial fibrillation)

Desire additional structural cardiac assessment

__ 2D Echocardiogram (93306)

__ 2D Echocardiogram - Limited (93308) (include indication)

__ 2D Echocardiogram w/ bubble Study (93306)

__ Exercise Nuclear Stress Test (78452) (suggested use below)

Abnormal or equivocal exercise stress test

Able to exercise

Likely to have poor echo images

__ Vasodilator Nuclear Stress Test (78452) (suggested use below)

Exercise contraindicated, unable to exercise or achieve 85% max predicted HR (document why)

Uninterpretable baseline ECG (including LBBB, ventricular paced rhythm, >1 mm ST depression)

Likely to have poor echo images

__ MUGA (78473) (suggest use below)

Cardio-toxic chemo

Pre-Chemo LVEF Evaluation

Congestive Heart Failure

__ Nuclear Medicine Viability Study (78452) (suggest use below)

Evaluate viable cardiac tissue

__ Holter Monitor-24 or 48 hours of continuous recording. (93224) Please specify number of hours: _____

__ Carnation Ambulatory Monitor (CAM) 7 Day patch monitor (0295T)

__ Event Recorder -7-30 days of patient activated recording. (93268)

Please indicate the number of days: _____

*For Vascular Ultrasound Service, please see referral form on our website.

Contraindications for exercise:

- Ventricular pre-excitation
- Uninterpretable ECG
 - Ventricular paced rhythm
 - LBBB
 - >1 mm ST depression
- Severe Hypertension

Contraindications for vasodilator:

- 2nd degree AV Block
- Severe hypotension