

PATIENT NAME: _____ ALLERGIES: _____

BIRTHDATE: _____ DATE/TIME OF EXAM: _____

Reason for Exam		Exam Requested	
<input type="checkbox"/> I05.0	Mitral Stenosis	<input type="checkbox"/> 93017	Exercise Stress Test
<input type="checkbox"/> I20.0	Intermediate Coronary Syndrome	<input type="checkbox"/> 78452/93017	NM Stress Myocardial Spect
<input type="checkbox"/> I20.9	Angina Pectoris	<i>If unable to reach target heart rate, convert to Lexiscan stress</i>	
<input type="checkbox"/> I25.9	Chronic Ischemic Heart Disease, Unspecified	<input type="checkbox"/> 78452/93017	NM Lexiscan Stress 0.4mg/5 mL
<input type="checkbox"/> I27.9	Acute Pulmonary Heart Disease		prefilled syringe IV
<input type="checkbox"/> I27.0	Primary Pulmonary Hypertension	<input type="checkbox"/> 93306	Echocardiogram
<input type="checkbox"/> I36.9	Tricuspid Valve Disorders, Specified as Non-Rheumatic	<input type="checkbox"/> 93306	Pediatric Echocardiogram
<input type="checkbox"/> I42.1	Hypertrophic Obstructive Cardiomyopathy		(With color flow and doppler)
<input type="checkbox"/> I42.9	Cardiomyopathy, Unspecified	<input type="checkbox"/> 93351	Echo Stress
<input type="checkbox"/> I50.9	Congestive Heart Failure	<i>If unable to reach target heart rate, convert to Stress Dobutamine</i>	
<input type="checkbox"/> I25.10	Cardiovascular Disease, Unspecified	<input type="checkbox"/> 93351	Echo Stress Dobutamine 500
<input type="checkbox"/> I51.7	Cardiomegaly		Mg/250 Dextrose 5% IV
<input type="checkbox"/> I95.9	Hypotension, Unspecified	<input type="checkbox"/> 93225	Holter Monitor Recording
<input type="checkbox"/> Q21.0	Ventricular Septal Defect		<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hour
<input type="checkbox"/> Q25.1	Coarctation of Aorta (Preductal) (Post ductal)	INCLUDES: 93226	With Scanning
<input type="checkbox"/> Q90.9	Down's Syndrome		
<input type="checkbox"/> Q91.3	Edwards's Syndrome	<input type="checkbox"/> 93270	Event Monitor
<input type="checkbox"/> R09.89	Carotid Bruit		<input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 21 days <input type="checkbox"/> 30 days
<input type="checkbox"/> R55.	Syncope		
<input type="checkbox"/> G45.9	TIA	<input type="checkbox"/> 93312	Transesophageal Echo (TEE)
<input type="checkbox"/> I63.9	Stoke/CVA	INCLUDES: 93320	With Color Flow
<input type="checkbox"/> R22.1	Swelling, Mass, Lump in Neck Left or Right	93325	With Doppler
<input type="checkbox"/> M79.662	Pain in Lt Lower Limb	<input type="checkbox"/> 78472	NM Rest Muga Cardiac (No Prep)
<input type="checkbox"/> M79.661	Pain in Rt Lower Limb	<input type="checkbox"/> 71045	XR Chest One View (No Prep)
<input type="checkbox"/> M79.622	Pain in Lt Upper Limb	<input type="checkbox"/> 71046	XR Chest Two View (No Prep)
<input type="checkbox"/> M79.621	Pain in Rt Upper Limb	<input type="checkbox"/> 76705	US Aorta (Prep A)
<input type="checkbox"/> R22.42	Swelling of Lt Lower Limb	<input type="checkbox"/> 76705	US Gallbladder (Prep A)
<input type="checkbox"/> R22.41	Swelling of Rt Lower Limb	<input type="checkbox"/> 93880	US Carotid Duplex/Doppler Bilateral (Prep V)
<input type="checkbox"/> R22.32	Swelling of Lt Upper Limb	<input type="checkbox"/> 93882	US Carotid Duplex/Doppler Unilateral L or R (Prep V)
<input type="checkbox"/> R22.31	Swelling of Rt Upper Limb	<input type="checkbox"/> 70491	CT Neck with Contrast (Prep G, M)
<input type="checkbox"/> 93970/93965	US Venous Dup/Dop Bilateral Circle: Lower Upper	<input type="checkbox"/> 76536	US Thyroid/Soft Tissue Neck/Head (No Prep)
<input type="checkbox"/> 93971/93965	US Venous Dup/Dop Unilateral Lower Extremity Circle: L R	<input type="checkbox"/> 70549	MRA Neck/Carotids W/O&W Contrast (No Prep)
<input type="checkbox"/> 93971/93965	US Venous Dup/Dop Unilateral Upper Extremity Circle: L R	<input type="checkbox"/> 70547	MRA Neck/Carotids W/O Contrast (No Prep)
<input type="checkbox"/> I65.29	Carotid Stenosis, single artery w/o Cerebrovascular infarction	<input type="checkbox"/> 70498	CTA Carotid w/wo Contrast (Prep G, M)
<input type="checkbox"/> I65.139	Carotid Stenosis, single artery with Cerebrovascular infraction	<input type="checkbox"/> 74175	CTA Abdominal Aorta (Prep G, M)
<input type="checkbox"/> I65.8	Carotid Stenosis, bilat artery with Cerebrovascular infraction		(Images abdominal aorta thru bifurcation)
<input type="checkbox"/> I71.4	Aortic Abdominal Aneurysm without rupture	<input type="checkbox"/> 74174	CTA Abdomen/Pelvis (Prep G, M)
<input type="checkbox"/> I71.2	Thoracic Aortic Aneurysm, without rupture		(Images abdominal aorta thru iliac arteries)
<input type="checkbox"/> I71.02	Dissection of Abdominal Aorta	<input type="checkbox"/> 75635	CTA Abdominal Aorta with Runoff (Prep G, M)
<input type="checkbox"/> BUN			(Images abdominal aorta thru both feet)
<input type="checkbox"/> Creatinine		<input type="checkbox"/> 71275/74174	CTA Thoracic and Abdominal/Pelvis Aorta (Prep G, M)
			(Images from aortic arch thru iliac arteries)
		<input type="checkbox"/> 71275	CTA Thoracic Aorta (Prep G, M)
			(Images aortic arch thru top of kidney: Does NOT include renal arteries)
<input type="checkbox"/> Z13.9	Screening for Cardiovascular Disorder	<input type="checkbox"/> 75571	CT Heart Calcium Scoring
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Physician Signature: _____

ATTENTION PATIENT: PLEASE SEE REVERSE SIDE FOR EXAM PREPARATION

McLaren Port Huron
Patient Prep Instructions for Cardiovascular Services

- Nuclear Medicine Stress Myocardial Spect** - Evaluates heart function and circulation during exercise.
1. **Nothing to eat or drink after 12 midnight.**
 2. No smoking after midnight.
 3. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates) for 12 hours prior to exam.
 4. Patient must not be pregnant. If nursing, please contact the Nuclear Medicine Department at (810) 989-3251.
 5. No radioactivity 48 hours prior to the exam.
 6. Bring tennis shoes or rubber-sole shoes; wear comfortable, loose-fitting clothing, preferably short-sleeve shirts.
 7. Discontinue Beta Blockers and Calcium Channel Blockers for 24 hours prior to test. Confirm medication orders with your physician. Bring a list of your current medications.
- Nuclear Medicine Pharmacological (Lexican) Stress Myocardial Spect** - Evaluates heart function and circulation during pharmacologic stress.
1. **Nothing to eat or drink after 12 midnight.**
 2. No smoking after midnight.
 3. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates) for 12 hours prior to exam.
 4. Patient must not be pregnant. If nursing, please contact the Nuclear Medicine Department at (810) 989-3251.
 5. No radioactivity 48 hours prior to the exam.
 6. Bring tennis shoes or rubber-sole shoes; wear comfortable, loose-fitting clothing, preferably short-sleeve shirts.
 7. The drugs listed below interfere with these tests. Confirm medication orders with your physician. Persantine, Theophylline, products containing Theophylline (such as Constant-T, Primatene, Quibron, Slo-Phylline, Theo-Dur), products containing Amrophylline (such as Norphyl, Phyllocontin, and Truphylline), and inhalers used for asthma. Bring a list of your current medications.
- Exercise Stress Test** - Evaluates heart function and circulation during exercise.
1. **Nothing to eat or drink after 12 midnight.**
 2. No smoking after midnight.
 3. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates) for 12 hours prior to exam.
 4. Bring tennis shoes or rubber-sole shoes; wear comfortable, loose-fitting clothing, preferably short-sleeve shirts.
 5. Discontinue Beta Blockers and Calcium Channel Blockers for 24 hours prior to test. Confirm medication orders with your physician. Bring a list of your current medications.
- Echo Stress/Echo Dobutamine Stress** – Evaluates heart size, functions, valves, and heart disease during exercise or pharmacological stress.
1. **Nothing to eat or drink after 12 midnight.**
 2. No smoking after midnight.
 3. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates) for 12 hours prior to exam.
 4. Bring tennis shoes or rubber-sole shoes; wear comfortable, loose-fitting clothing, preferably short-sleeve shirts.
 5. Discontinue Beta Blockers and Calcium Channel Blockers for 24 hours prior to test. Confirm medication orders with your physician. Bring a list of your current medications.
- Echocardiogram (Adult)** - Evaluates heart size, functions, valves, and heart disease. Color Doppler measures leaky valves, calcified, or stenotic valves. No preparation required
- Pediatric Echocardiogram (Newborn to 18 years old)** - Evaluates heart size, functions, and valves. Color Doppler measures leaky valves, calcified, stenotic valves, and congenital heart disease. Pediatric exam can take 45 minutes to 2 hours. Infants and toddlers should have bottles, pacifiers, or juice cups, treats, diapers, and a favorite toy/blanket.
1. Parents are to stay with child during exam.
 2. We do not have a play area or day care service for siblings. Please make childcare arrangements for other children.
- Holter/Event Monitor** - Continuous EKG readings for predetermine amount of time as prescribed by your physician; evaluates heart rhythm. No preparation required.
- Transesophageal Echo (TEE)** - Procedure to view the heart using ultrasound by passing an echo probe into the esophagus.
1. **Nothing to eat or drink after midnight.** Discuss with your physician if you can take your usual medications with a small amount of water. If you are a diabetic, please contact your doctor for instructions.
 2. Bring a list of your current medications. The doctor will give you a sedative intravenously which will make you sleepy and relaxed.
 3. The sedative will make you drowsy. ***Please bring someone with you who can drive you home following the procedure.*** Do not plan to go to work after the procedure.
- CT Heart Calcium Scoring** - No caffeine or smoking 12 hours prior to exam
- Prep A** – No eating, drinking, or chewing gum 8 hours prior to exam.
- Prep G** – Advance screening and consent required. Please call (810) 989-3270 at least 48 hours prior to exam
- Prep M** – Nothing to eat or drink 2 hours prior to exam
- Prep V** – No smoking after midnight. No caffeine or products that contain caffeine (i.e. Anacin, Excedrin, Colas, Chocolates) for 24 hours prior to exam.