



THUMB REGION

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**Cardiopulmonary / Echocardiogram Order Form**

Patient Name:	Date & Time of Test:
DOB:	
Ordering Provider:	CC:
Diagnosis: A.	B.
C.	D.

HEART STUDIES		CPT	LUNG STUDIES		CPT
ELECTROCARDIOGRAM		93005	ARTERIAL BLOOD GASES		82803
24 HR CARDIAC MONITOR (HOLTER)		93225	CARBOXYHEMOGLOBIN		82375
48 HR CARDIAC MONITOR (HOLTER)		93225	OXIMETRY		94760
24 HR AMBULATORY BLOOD PRESSURE MONITOR		93786	PEAK FLOW METERS		NA
48 HR AMBULATORY BLOOD PRESSURE MONITOR		93786	MDI INSTRUCTIONS		94664
			PRE OP EDUCATION (INCENTIVE SPIROMETRY & C&DB INSTRUCTIONS)		NA
EXERCISE STRESS TEST (TREADMILL ONLY)		93017	PULMONARY FUNCTION TEST (SPIROMETRY ONLY)		94010
EXERCISE MYOVIEW		78452	BRONCHODILATOR CHALLENGE (SPIROMETRY PRE & POST BRONCHODILATION)		94060
PERSANTINE MYOVIEW		78452	LUNG DIFFUSION (DLCO & SPIROMETRY)		94729
LEXISCAN MYOVIEW		78452	COMPLETE PULMONARY FUNCTION (LUNG VOLUMES, SPIROMETRY W/ BRONCHODILATORS AND DLCO)		94727/94726 94060/94729
DOBUTAMINE MYOVIEW		78452	24 HOUR PULSE OXIMETRY		94762
			DOT SPIROMETRY		NA
ECHOCARDIOGRAM (COMPLETE)		93306	SIMPLE PULMONARY STRESS TEST (6 MINUTE WALK TEST)		94620
ECHOCARDIOGRAM (LIMITED)		93308	MIP / MEP PULMONARY		94799
EXERCISE STRESS ECHOCARDIOGRAM		93351			
DOBUTAMINE STRESS ECHOCARDIOGRAM		93351			
TRANSESOPHAGEAL ECHOCARDIOGRAM (TEE)		93312			
EXERCISE STRESS AORTIC GRADIENT		93351			
DOBUTAMINE STRESS AORTIC GRADIENT		93351			
<b>BRAIN STUDIES</b>					
ELECTROENCEPHALOGRAM (EEG)		95819			
ELECTROENCEPHALOGRAM (EEG) (SLEEP DEPRIVED)		95819			
24 HR AMBULATORY EEG		95953			
48 HR AMBULATORY EEG		95953			

NOTES:

**PATIENT INFORMATION:**

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

DIABETIC:        YES    NO

LATEX ALLERGY: YES    NO

OTHER ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

Provider Signature: \_\_\_\_\_