



San Diego
8707 Complex Drive
San Diego, CA 92123
PH: 619-334-3787 Fax: 858.266.9481

Ordering Physician: _____

Phone: _____

Fax: _____

E-mail: _____

x _____

Physician Signature [required for Medicare/Insurance Beneficiaries]

Date of Request: _____

Cardiovascular CT Order Requisition Form

Patient: _____ Phone: _____

Birth Date: _____ Age: _____ ☐ Male ☐ Female Insurance: _____ Auth: _____

Blood Pressure: _____ Pulse: _____ Weight: _____

CABG # of Vessels: _____ Stent # of Vessels: _____ GFR: _____ Date: _____

Chief Complaint: _____ Diagnosis to be ruled out: _____

Dx Codes:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> R07.9 Chest Pain | <input type="checkbox"/> R94.39 Abnormal Result From Functional Test | <input type="checkbox"/> _____ |
| <input type="checkbox"/> R06.02 Shortness of Breath | <input type="checkbox"/> R00.0 Tachycardia | <input type="checkbox"/> _____ |
| <input type="checkbox"/> I25.10 Atherosclerotic Heart Disease | <input type="checkbox"/> I42.9 Cardiomyopathy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> E78.5 Hyperlipidemia | <input type="checkbox"/> I73.9 Peripheral Vascular Disease | |
| <input type="checkbox"/> R94.31 Abnormal EKG | | |

Cardiac:

- ☐ 75574 Coronary CTA (order set)
 - 75571 Coronary Artery Calcium Score
 - 0623T Plaque Quantification
 - 75580 FFRct
- ☐ CTA TAVR (order set)
 - 75574 Cardiac CTA
 - 71275, 74174 CTA Chest/Abd/Pel
 - 75571 Aortic Valve Calcium Score
- ☐ 75572 CTA Pulm Vein Eval
- ☐ 75572 CTA Aortic Valve (retro)
- ☐ 75572 CTA for Mitral Valve (retro)
- ☐ 75572 CTA for LAA (no coronaries)
- ☐ 75572 CTA for LAAO (no coronaries)
- ☐ 75574 CTA for Wall Motion (retro w/coronaries) Your patient is having a CCTA *and*
- ☐ 75573 Congenital Heart Disease

Chest:

- ☐ 71270 Chest w/ & w/o contrast
- ☐ 71275 CTA Chest
- ☐ 71275, 74174 CTA Chest/Abd/Pel

Abdomen/Pelvis:

- ☐ 74174 CTA Abd/Pel (symphysis)
- ☐ 75635 CTA Abd/Pelvis w/Runoff (toes)

Head/Neck

- ☐ 70496, 70498 CTA Head/Neck (apex-top of arch)

☐ CT Bone Density

Eligibility includes:

1. Women over the age of 50
2. Men over the age of 70

Other:

☐ _____



General Instructions for ALL CT imaging

- **GET YOUR LABS DONE IMMEDIATELY AT:** _____ (for contrast studies only)
- Arrive 15 minutes prior to your appointment. Expect to be here at least one hour for your appointment.
- Hydrate 2 days prior to your appointment.
- Please eat a small meal prior to your appointment.
- Wear comfortable clothes. Avoid jewelry and clothing with metal buttons, grommets, or decorations.
- Take **ALL** your medications **EXCEPT**: Metformin or Metformin containing products.

For Cardiac (heart scans) ONLY:

- No caffeine 12 hours prior to appointment. This includes coffee, tea, soda, chocolate, or decaffeinated beverages.
- No exercise for a minimum of 4 hours before your appointment time.
- **DO NOT TAKE** Viagra, Cialis, Tadalafil, or Adcirca **48 hours prior** to your scheduled appointment.

ImageONE – Kearny Mesa

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