



P: (224) 227-6178 | F: (224) 238-3237  
 500 N Mclean Blvd Elgin, IL 60123  
 radrad.com

Email or fax referrals to:  
**Scheduling@radrad.com | (224) 238-3237**

### Cardiac Imaging Referral Form

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_  
 Clinical History / Reason for Exam: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cc: \_\_\_\_\_

**OPEN MRI COMING SOON. WE OFFER THE STATE-OF-THE-ART 128 SLICE SIEMENS PET/CT SCANNER.**

#### TYPE OF STUDY (CHECK STUDIES)

##### PETCT Cardiac

- Rest/Stress Perfusion only CPT code 78492
- Rest Perfusion w/ Viability FDG CPT code 78491 & 78459
- Rest and Stress Perfusion w/ Viability FDG CPT code 78492 & 78459

##### Nuclear Cardiac

- Rest/Stress CPT code 78452 & 93015
- Lexiscan or
- Exercise

##### Other Cardiac Imaging

- Calcium Scoring
- Cardiac CT
- Cardiac MR

When does study need to be done:  First Available  Clinically urgent

Reason for study (Clinical Question): \_\_\_\_\_

**Please obtain a prior authorization, since most insurance companies will not cover this procedure unless prior authorization is obtained.**

Date of last clinical visit: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ HR: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_

Cholesterol panel: Total Chol.: \_\_\_\_\_ LDL: \_\_\_\_\_ HDL: \_\_\_\_\_ TRIG: \_\_\_\_\_

Does patient have diabetes Mellitus?  Yes  No Is Doctor ruling out need for revascularization?  Yes  No

What cardiac imaging has been performed in the last year? \_\_\_\_\_

Has patient had any stress testing that was found inconclusive?  Yes  No

Does the patient have asthma/emphysema or take bronchodilators/inhalers?  Yes  No Is the patient over 350 lb?  Yes  No

#### PRIMARY DIAGNOSIS: (MUST BE COMPLETED - CHECK ALL THAT APPLY.)

- 410.90-410.92 I21.3 acute myocardial infarction, unspecified site
- 412 I25.2 Old myocardial infarction
- HX PTCA/Stents
- HX CABG Surgery
- 414.00 I25.9 Coronary atherosclerosis
- 428.0-428.1 I50.9 Heart Failure
- 786.50-786.51 R07.9 Chest pain
- Other nonspecific abnormal findings on radiological and other examinations of body structure
- 794.31 R94.31 abnormal electrocardiogram
- 250.00 E11.9 Diabetes

Please list any DX not listed: \_\_\_\_\_

**Fax This Form, Insurance Info, Recent H & P, Lipid Profile, And Any Other Cardiac Test Results To (224) 238-3237. We Will Contact Patient for Scheduling and Instructions.**

Person completing form: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### PATIENT INSTRUCTIONS FOR PET/CT & NUCLEAR STRESS TESTING

**48 HOURS BEFORE:** Do not take these medications 48 hours before your test: Aggrenox, Persantine, Theophylline, Theo-Dur, Dipyridamole, and Aminophylline.

**24 HOURS BEFORE:** Do not eat or drink anything that has caffeine, including coffee, tea, decaffeinated products, Excedrin, chocolate, cocoa, herbal teas, and soda for 24 hours before your exam. Caffeine will interfere with the results of the test. Drinking juice, Gatorade, and water are okay. Drink plenty of fluids the morning of the test so you are well hydrated.

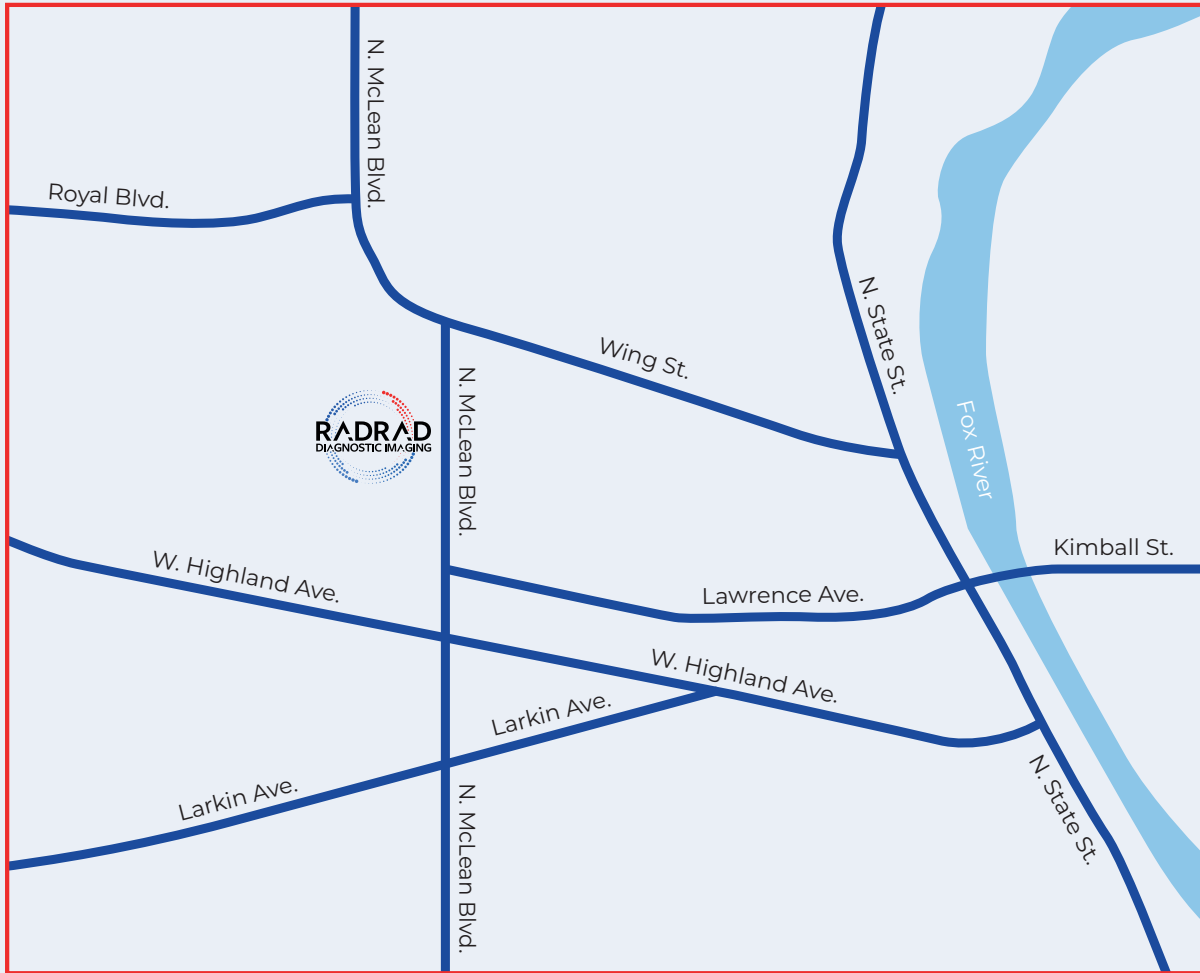
**4 HOURS BEFORE:** Do not eat or drink anything except water, juice, and Gatorade. **DIABETIC PATIENTS ONLY:** Hold any diabetes medications until they can be taken with food and bring them with you to your appointment.

#### REMINDERS

- Do not wear lotions, oils, or powders on your chest area. Do not wear perfumes or body sprays.
- Wear a comfortable two-piece outfit and do not wear jewelry on the day of your test.
- Bring your Photo ID, Insurance Card(s), completed Referral Form, and Order from your physician.
- Bring your medications with you to your appointment.
- No Nitroglycerin patches or Oral Nitrates: Isordil, Sorbitrate, Ismo, Monoket, and Imdur.
- Take all unrestricted medications as you normally would.
- This test cannot be done if you are pregnant. All females aged 50 and younger who haven't had a hysterectomy or tubal ligation will be required to take a pregnancy test at our office the day of your test.
- If you are claustrophobic or have a problem with being in a restricted environment for any length of time, please consult your referring physician prior to your appointment.

#### CANCELLATION

- You must notify us at (224) 227-6178 if you need to cancel your appointment; special testing isotopes must be ordered for each individual patient. Failure to notify our office by 12:00 p.m. the day prior to your test will result in a \$150 missed appointment fee that will be charged to you directly.



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