Prairie Ridge HEALTH
Inspired by you

Patient Name: DOB:

Phone number: Allergies:

CARDIOPULMONARY ORDER FORM

Fax this form and a cover sheet to 920.623.6469 and call to schedule 920.623.6466

Ordering Clinic: Please complete the demographic section, place a check mark by the desired procedure(s), obtain signature from Ordering Provider, secure and document prior authorization number for Nuclear Stress Tests, and fax form to Centralized Scheduling.

DEMOGRAPHICS

Diagnosis:	ICD 10 Code:
Height:	Insurance:
Weight:	Ordering Provider:
BMI:	

PROCEDURES

Check to Order	Description	CPT	Epic Order Number
	Lexiscan Cardiolite (Nuclear) Stress Test PRIOR AUTH #: _____ ▪ Lexiscan (regadenoson) 0.4mg IV once ▪ Aminophyline 100mg IV PRN rescue ▪ NS 10mL flush PRN	93017 / 78451 / 78452	Px Code 070664 / IMG2959
	Cardiolite (Nuclear) Exercise Stress Test PRIOR AUTH #: _____ ▪ Hold Beta Blocker? ☐ Yes ☐ No	93017 / 78451 / 78452	Px Code 070664 / IMG 2959
	Exercise Stress Test ▪ Hold Beta Blocker? ☐ Yes ☐ No	93017	IMG 2960
	Holter Monitor: ☐ 24 hour OR ☐ 48 hour	93225 / 93226	CAR4
	3-7 Day Holter Monitor: _____ # of Days	93242 / 93243	CAR4
	8-14 Day Holter Monitor: _____ # of Days	93247 / 93248	CAR4
	Event Monitor: ☐ 7 day OR ☐ 14 day OR ☐ 21 day OR ☐ 30 day	93270 / 93272	CAR41
	Mobile Cardiac Telemetry Monitor: ☐ 7 day OR ☐ 14 day OR ☐ 21 day OR ☐ 30 day	93228 / 93229	CAR153
	Electrocardiogram (EKG)	93005	EKG1

Provider Signature:	Date:
Phone Number:	Time:

Prairie Ridge Health Scheduling: Please fill out field below and provide a copy of order form to:
☐ Pharmacy ☐ Medical Imaging ☐ RT
Procedure Scheduled for: Date: Time: MRN: