## University Medical Center Brackenridge

Seton Healthcare Family CARDIOPULMONARY & NEURODIAGNOSTIC SERVICES ORDER FORM

## APPOINTMENT REQUIRED CALL (512)-324-1375 SCHEDULING FAX No. (512)-380-4263

This request form and insurance information are required at the time of your appointment. Please arrive 30 minutes prior to your appointment.

Today's Date:	Appt. Date:		Арр	Appt. Time:			Arrival Time:		
Patient's Name:			Date	Date of Birth:			Daytime Phone No.		
SSN:	SSN: Interpreter Services needed Sign Language Non-English Speaking								
If Non-English speaking, what language will need to be interpreted:									
Diagnosis or Symptoms/Reason for exam: ICD-10 code:									
Pre-Authorization:*				Referring Physician (please print):					
Physician Office No. Critical Contact No.				Physic			ian Fax No.		
Medicare Number: Primary Secondary Suffix									
Medicaid Number:							State:		
Insured Name:				Relationship to Insured: Self Spouse Dependent				Dependent	
Insurance Co. Name:			Member	lember/insured ID #			Group#		
Insurance Co. Address:			City:	City:			e:	Zip:	
Insurance Co. Phone No.				Insured SSN (if NOT patient):					
Employer Name:				Employer Phone No.					
*Required before Scheduling									
SETON LOCATION OF SERVICE									
University Medical Center Brackenridge, 601 E. 15 <sup>th</sup> St., Austin				Seton Northwest Hospital, 11113 Research Blvd., Austin					
☐ Dell Children's Medical Center, 4900 Mueller Blvd., Austin				Seton Pflugerville, 200 N. Heatherwilde, Pflugerville					
Seton Medical Center Williamson, University Blvd. and FM 1460, Round Rock				k Seton Southwest Hospital, 7900 FM 1826, Austin					
Seton Medical Center Austin, 1201 W. 38 <sup>th</sup> St., Austin				Seton Medical Center Hays, 6001 Kyle Parkway., Kyle					
STAT: Call Report to Phone No.			ПР	Patient to return to Doctor's Office					
ASAP: Results within 24 hours			Pati	Patient may leave after Exam					
Routine				☐ With Exam on CD ☐ Without CD					
Sedation									

Physician's Orders

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## University Medical Center Brackenridge Specialty Clinics

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ECHO – STRESS TEST – HOLTER I	MONITOR -	VASCULAR STUDIES				
☐ Holter Monitor ☐ 24 HR EKG	48 HR EKG	93880 Carotid Study:	☐ Right ☐ Left ☐ Bilateral			
Cardiac Studies  [ ECHO	ıt)	93971 Venous Study:	Upper Ext Lower Ext Right Left Bilateral			
Drs. Name:	or $\square$ Default	93923 Arterial Study:	☐ Upper Ext ☐ Lower Ext ☐ Right ☐ Left ☐ Bilateral			
☐ Dobutamine Stress ECHO						
Stress Test (regular treadmill)		☐ ABI*				
Stress ECHO						
PULMONARY FUNCTION T	EST	**DELL CH	IILDREN'S MEDICAL CENTER**			
Spirometry			MONARY FUNCTION TEST			
Diffusion Capacity (DLco)			to NOT use inhaled Bronchodilators at least			
Static Lung Volumes (LV) & Airway Resistance (RA	(W)	4-6 hours prior to testing (unless it is an emergency).				
Pre & Post Bronchodilator Studies (if indicated ple NOT use inhaled Bronchodilators at least 4 hours pric Studies).		Spirometry with Bronchodilator if indicated (Basic exam for Asthma Eval) (94060)				
Arterial Blood Gas (ABG) – Please check one:		Lung Volumes / Plethysmography (TGV-FRC) (94726)				
☐ With Oxygen atlpm		RAW / GAW (code not required)				
Other (Specify):		☐ Diffusion Capacity (DLco) (94729)				
NEURODIAGNOSTIC STUD	HES	☐ MVV (code not required)				
☐ EEG with MRI		MIP/MEP (code not required)				
☐ EEG Routine (95816)	The same of the sa	Pentamidine (Nebupent) via nebulizer (94642)				
☐ EEG Awake and Asleep (95819)		Other Procedures: (The following tests may only be ordered by approved				
Ambulatory 24 hr. / 48 hr. / 72 hr. (95953)		Cardiologists / Pulmonolog	(ist)			
Split Night		Regular Treadmill Stres	s Test (93017)			
Polysomnogram / Diagnostic only (95810)		Pulmonary Stress Test	(94620)			
Polysomnography with CPAP (95811)			4ethacholine Challenge) — Post study nebulization			
(AER) Auditory Evoked Potential			netnacholine Challenge; — Post study nebulization ed to counteract Bronchospasm			
(VEP) Visual Evoked Potential		Neuromuscular Protocol:				
(SSEP) Somatosensory Evoked Potential Upper Ext	tremities	Peak cough flow, MVV,	MIP/MEP and Spirometry			
SSEP) Somatosensory Evoked Potential Lower Ext	tremities					
☐ MSLT		Please describe other se	ervices if necessary:			
MWT		1				
☐ VPAP		1				
Apply O2 if Sats < 89% with CPAP / BIPAP Titration	n	1				
***PHYSICIAN SIGNATURE:						

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