



Patient Name _____
 Date of Birth _____
 MRUN Number _____
 Please Fill in or Affix a Patient Label

Heart and Vascular Center Referral Form

Patient Information

(First, Last) Name _____ DOB _____

Mailing Address _____ City _____ State _____ Zip _____

Patient Phone # _____ Secondary # _____

Primary Insurance _____ Secondary Insurance _____

Referring Provider: _____

Diagnosis Code(s) ICD-10: _____

Appointment Type

- | | |
|--|---|
| <input type="checkbox"/> New Patient Visit | <input type="checkbox"/> 24 Hour Holter Monitor/Zio Patch Holter |
| <input type="checkbox"/> Pre-Op Appointment | <input type="checkbox"/> 48 Hour Holter Monitor/Zio Patch Holter |
| <input type="checkbox"/> Established Patient Visit | <input type="checkbox"/> Zio Patch Extended 48 Hours to 14 Days (<i>not for Medicaid or Humana</i>) |
| <input type="checkbox"/> Event Monitor | <input type="checkbox"/> CV Mobile Telemetry (<i>not for BCBS Members</i>) |

CPT Code for Testing (Check all that apply.)

CPT	Cardiology Tests	CPT	Echocardiography Tests
<input type="checkbox"/> 93017	Treadmill Stress Test (Walking-nonnuclear)	<input type="checkbox"/> 93306	Echo Complete
<input type="checkbox"/> 78452	Myoview Stress Test (Walking-nuclear)	<input type="checkbox"/> 93306	Echo Complete with Bubble Study
<input type="checkbox"/> 78451	Lexiscan / Myoview Stress Test (Resting Nuclear)	<input type="checkbox"/> 93308	Echo Bubble Only
<input type="checkbox"/> 78453	Dobutamine / Myoview Stress Test	<input type="checkbox"/> 93308	Echo Limited
<input type="checkbox"/> 94621	Pulmonary / Metabolic Exercise Stress Test	<input type="checkbox"/> 93351	Echo Stress (Dobutamine)
<input type="checkbox"/> 93005	EKG	<input type="checkbox"/> 93351	Echo Stress (Treadmill)

Other (Fill-in Test Name / CPT Code / ICD-10-CM Code.)

Pre-cert #: _____

Please ensure pre-cert # is provided (if required) prior to scheduling appointment.

Date of Appointment: _____ Scheduled by: _____

Informed Patient Date/Time: _____

Ordering MD Signature: _____ Date: _____ Time: _____

Please ensure that all applicable records and most recent labs/tests are attached.
Must be signed by physician for EKG/Monitor, will not process without signature.

336 Deerfield Rd.
 Boone, NC 2607

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 Fax: (828)264-8144