



Watauga Medical Center
336 Deerfield Road, Boone, NC 28607

Scheduling: (828) 268-9037
Scheduling fax: (828) 268-9046

Services requested must include an ICD-9# and the detailed description for each exam requested.

Request for Cardiovascular Lab Services

Patients must bring this form with them. This form must be completed, signed by the physician and presented to the Hospital Outpatient Registration Desk prior to any test being performed

Patient Name: _____ DOB: ____/____/____
 Phone Number (Home): _____ (Work): _____
 If female, pregnant? Yes No (check one) Date: ____/____/____
 Pertinent Lab Results: BUN____CREA____ Date: _____
 Ordering MD: _____
 MD Address: _____
 MD Phone: _____ MD Fax: _____
 Physician Signature: _____
 Date & Time of Exam: _____ PreCert#: _____
 Prep Instructions Given: Yes / No

CPT	Region	Diagnoses
Central Venous Access		
36558	PERMACATH placement / replacement, greater than 5 years of age	
36557	PERMACATH placement / replacement, younger than 5 years of age	
36589	PERMACATH Removal greater than 5 years of age	
36569	PICC Line placement / replacement (nontunelled cath), greater than 5 years of age	
36568	PICC Line placement / replacement (nontunelled cath), younger than 5 years of age	
36561	PORT-A-CATH placement / replacement, greater than 5 years of age	
36560	PORT-A-CATH placement / replacement, younger than 5 years of age	
36590	PORT -A-CATH removal	
36598	Portacath/Permcath Injection / Check	
Angiography		
75625	Abdominal Aortagram	
75630	Abdominal Aortagram w/ Run-Off	
75716	Arteriogram Extremity, Bil	
75710	Arteriogram Extremity, Lt Rt	
75791	AV Dialysis Shunt	
36221	Cervicocerebreal (Arch)	
36252	Renal Arteriogram, BILATERAL	

CPT	Region	Diagnoses
Kyphoplasty		
22514	Kyphoplasty, LUMBAR Level(s) _____	
22513	Kyphoplasty, THORACIC Level(s) _____	
Nephrostomy		
75984	Nephrostomy Tube Change Lt _____ Rt _____	
74475	Nephrostomy Tube Placement Lt _____ Rt _____	
Miscellaneous		
37191	Inferior Vena Cava (IVC) Filter Placement	
37193	Inferior Vena Cava (IVC) Filter Removal	
62270	Lumbar Puncture Diagnostic or Therapeutic	
75980	Percutaneous Biliary Drain External	
75982	Percutaneous Biliary Internal and External Drain	
49418	Pleur-X Drain - peritoneal	
32550	Pleur-X Drain - pleural	
49452	SP Replace G-J Tube Perc	
76936	Thrombin Inj Perc Extrem pseudoaneurysm	
75822	Venogram Extremity - Bil	
75820	Venogram Extremity- Lt Rt	
Other (fill in CPT, Region & ICD-9#)		

For interventional procedures, history and physical valid within 30 days of procedure required.

Submit pertinent films from outside the facility prior to these procedures. Note: If lab work is required (i.e. cytology), please indicate preference below. Labs are not performed unless requested by ordering physicians.

Please provide description of the ICD-9 codes here _____
 Additional Info for Radiologists: _____

