

Lexington Heart Specialists, PSC

Diagnostic Testing Request

Please Fax Patient Demographics & Ins Cards to: (859) 899-0014

Patient \_\_\_\_\_ DOB \_\_\_\_\_

For all Diagnostic Testing, insurance carriers require referring MD's to obtain precertification.

Pre-cert (or NO PA REQ Ref #): \_\_\_\_\_ Rep name: \_\_\_\_\_

Weight \_\_\_\_\_

Nuclear Medicine \_\_\_\_\_ GXT Cardiolute OR \_\_\_\_\_ Lexiscan Cardiolute  
CPT: 78452 CPT: 78452  
A9502 J2765  
A9502

Stress Echo \_\_\_\_\_ GXT Exercise  
CPT: 93351

GXT Treadmill Only \_\_\_\_\_ CPT: 93015 \_\_\_\_\_ 2D Echocardiogram  
CPT: 93306

Past Cardiac Hx:

\_\_\_ Past MI \_\_\_ CAD \_\_\_ CABG \_\_\_ DM \_\_\_ CHF  
\_\_\_ CVA \_\_\_ HTN \_\_\_ Smoker \_\_\_ Hypercholesterol  
\_\_\_ Fam hx CAD (must have signs and symptoms)  
\_\_\_ Other \_\_\_\_\_

Dx: \_\_\_ Chest Pain \_\_\_ SOB \_\_\_ Murmur \_\_\_ Syncope  
\_\_\_ Abn EKG \_\_\_ Palpitations

\_\_\_ Venous Duplex (Unilateral or Bilateral)

Dx: \_\_\_ Leg Pain \_\_\_ Edema \_\_\_ SOB \_\_\_ DVT

\_\_\_ Arterial Duplex (Unilateral or Bilateral)

Dx: \_\_\_ Claudication \_\_\_ Bruit \_\_\_ PAD

\_\_\_ Carotid Duplex (Unilateral or Bilateral)

Dx: \_\_\_ TIA \_\_\_ Syncope \_\_\_ Bruit \_\_\_ Vision problems

\_\_\_ 24 or 48 Hr Holter Monitor \_\_\_ 21 day Event Recorder

Date of Request \_\_\_\_\_ Office Contact & Number \_\_\_\_\_

Referring MD Signature \_\_\_\_\_

Referring MD Printed Name \_\_\_\_\_