

Physician Orders For

# ECHO / EKG / Vascular Lab Outpatient Services

SARASOTA  
MEMORIAL  
HEALTH CARE SYSTEM



Patient Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Clinical Indications/Reason for Exam: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**Physician must state the clinical indication/medical necessity in order for the procedure to be performed**

Ordering Physician Signature: \_\_\_\_\_ Patient's Age: \_\_\_\_\_

**Procedure WILL NOT BE PERFORMED without physician's signature**

Interpreting Physician: \_\_\_\_\_ Duplicate report(s) to: \_\_\_\_\_

Call Preliminary report to: \_\_\_\_\_ Study at:  SMH  HVI

## VASCULAR PROCEDURES

ARTERIAL EXAMS		CPT Code
<b>Carotid &amp; Vertebral Imaging</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral (specify which side) <input type="checkbox"/> Right <input type="checkbox"/> Left	(93880) (93882)
<b>Lower Extremity Arterial Imaging</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral (specify which limb) <input type="checkbox"/> Right <input type="checkbox"/> Left	(93925) (93926)
<b>Upper Extremity Arterial Imaging</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral (specify which limb) <input type="checkbox"/> Right <input type="checkbox"/> Left	(93930) (93931)
<b>Hemodialysis Access Graft Imaging</b>	<input type="checkbox"/> Right <input type="checkbox"/> Left	(93990)
<b>Ankle/Brachial Index</b>	<input type="checkbox"/>	(93922)
<b>Lower Extremity Arterial Plethysmography</b> (If the ABI is < .85 arterial imaging will also be done and exercise will be withheld)		
<input type="checkbox"/> Without exercise (includes resting segmental BP's, pulse volume recordings and Doppler waveforms).		(93923)
<input type="checkbox"/> With exercise (includes both rest and post exercise BP's, pulse volume recordings and Doppler waveforms) *Bring walking shoes		(93924)
<b>Upper Extremity Arterial Plethysmography</b> <input type="checkbox"/> (Includes bilateral segmental BP's, pulse volume recordings and Doppler waveforms)		(93923)

## ABDOMINAL IMAGING

ABDOMINAL IMAGING		CPT Code
<b>Must be no smoking or gum chewing and nothing to eat or drink after midnight the night before for all abdominal imaging procedures.</b>		
<b>Aortic Artery Imaging</b>	<input type="checkbox"/> Complete	(93978)
<b>Inferior Vena Cava and/or Iliac Imaging</b>	<input type="checkbox"/> Complete	(93978)
<b>Renal Artery Imaging</b>	<input type="checkbox"/> Complete	(93975)
<b>Mesenteric Vessel Imaging</b>	<input type="checkbox"/> Complete	(93975)
<b>Portal/Hepatic Vein Imaging</b>	<input type="checkbox"/> Complete	(93975)

VENOUS EXAMS		CPT Code	<b>DON'T FORGET TO LABEL ALL COPIES. IF NO LABEL, MUST INDICATE PATIENT NAME, DATE OF BIRTH AND DOCTOR</b>  PATIENT NAME  DATE OF BIRTH  DOCTOR:
<b>Upper Extremity Venous Imaging</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	(93970) (93971)	
<b>Lower Extremity Venous Imaging</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	(93970) (93971)	
<b>Saphenous Vein Mapping</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	(93970) (93971)	
<b>Cephalic &amp; Basilic Vein Mapping</b>	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	(93970) (93971)	
<input type="checkbox"/> Venous Reflux Plethysmography		(93965)	

CARDIOVASCULAR SERVICES / SARASOTA MEMORIAL HOSPITAL  
**ECHO / EKG / VASCULAR LAB OUTPATIENT SERVICES**



**PLACE PATIENT ID LABEL HERE**

# EKG SERVICES

## HOLTER AND SIGNAL AVERAGE

**CPT Code**

<input type="checkbox"/> 24 Holter Monitor Hook-up with Analysis	(93231/93232)
<input type="checkbox"/> EKG <b>at SMH only</b>	(93005)
<input type="checkbox"/> Signal Average <b>at SMH only</b>	(93278)

## ECHOCARDIOGRAPHY PROCEDURES

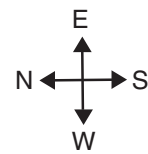
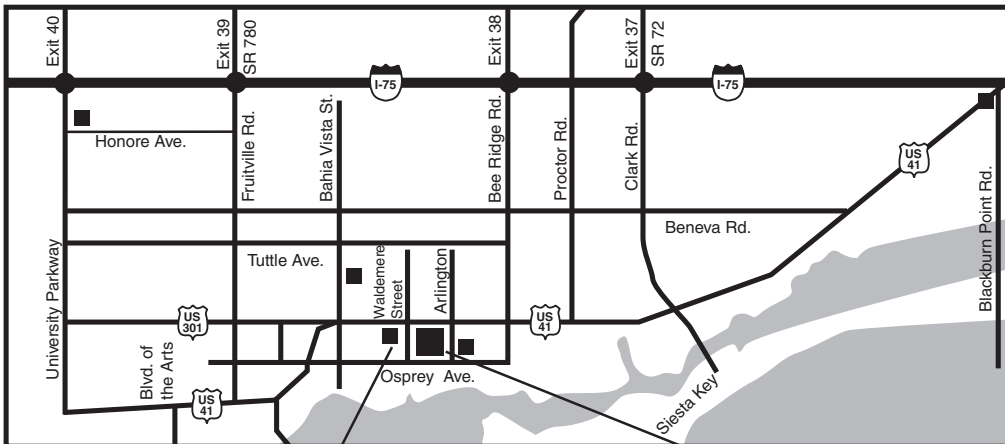
### NON-INVASIVE STUDIES OF THE HEART

**CPT Code**

<b>Echocardiogram</b>	
<input type="checkbox"/> (Complete transthoracic study includes 2-D real-time image with or without m-mode and with color flow velocity mapping)	(93307) Complete Study
<input type="checkbox"/> (Follow-up or limited study)	(93308) Limited Study (93325) Color Flow
<b>Doppler</b>	
<input type="checkbox"/> (Complete Doppler echocardiography study includes pulsed wave and/or continuous wave with spectral display)	(93320) Complete Doppler
<input type="checkbox"/> (Follow-limited Doppler echocardiography study)	(93321) Limited Doppler
<b>Echocardiogram – Pediatric</b> (CHECK DOPPLER IF INDICATED ABOVE)	
<input type="checkbox"/> (Complete transthoracic study includes 2-D real-time image with or without m-mode and with color flow velocity mapping)	(93303) Complete Study (93304) Limited Study (93325) Color flow
<input type="checkbox"/> (Follow-up or limited study)	
<b>Stress Echocardiography (NOTHING TO EAT OR DRINK 4 HOURS PRIOR) AT SMH ONLY</b> (Includes transthoracic echocardiography, real-time with 2-D images, with or without m-mode, during rest and cardiovascular stress test)	(93350) <b>Additional charge for medications used.</b>
<input type="checkbox"/> Using Treadmill (bring walking shoes)	
<input type="checkbox"/> Pharmacologically induced stress	
<b>Transesophageal Echocardiogram (NOTHING TO EAT OR DRINK AFTER MIDNIGHT) AT SMH ONLY</b>	
<input type="checkbox"/> (Transesophageal study includes 2-D real-time image with or without m-mode)	(93312)

### ANY QUESTIONS ON YOUR PREPS – PLEASE CALL YOUR PHYSICIAN

**REPORT TO SARASOTA MEMORIAL HEART AND VASCULAR INSTITUTE OR SARASOTA MEMORIAL HOSPITAL 15 MINUTES PRIOR TO EXAM**



**SARASOTA MEMORIAL HEART AND VASCULAR INSTITUTE**  
1540 S. Tamiami Trail  
Sarasota, Florida 34239  
Fax Physician Orders to 941-917-4290

**SARASOTA MEMORIAL HOSPITAL- Main Campus**  
1700 S. Tamiami Trail  
Fax 917-4290

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PATIENT NAME
DATE OF BIRTH
DOCTOR:

**To Schedule an Appointment:  
Call Patient Scheduling Services at:  
941-917-7322**

**PLACE PATIENT ID LABEL HERE**