

Cardiac Computed Tomography Angiogram (CTA) Order Form

Patient Information:

			First		MI	
Date of Birth		Phone # (Home)		Phone	# (cell)	
Allergies to lod	linated Contrast?	Yes: If yes, a sterce	oid prep is requ	uested. 🗖 No		
BUN/Serum Cre	eatinine level requ	ired for patients age 60	or over within	60 days of CT Angiogra	am.	
	N/Serum Creatinin		🗖 YES		Level	
			🗖 NO			
Diagnosis and	I ICD9 Codes:					
Diagnosis Description/Reason for Study			ICD	ICD Code		
Physician Info	rmation:					
Physician Info				Physician Phone	e #	
	e			Physician Phon Pre-Cert #	e #	
Physician Name Physician's Sigr	e	oprolol: 2 tablets	Othe			
Physician Name Physician's Sigr Beta Blockers:	e nature		Othe	Pre-Cert #		
Physician Name Physician's Sigr Beta Blockers:	e nature : 🗖 50 mg Met I and Codes (selec	ct only 1 code)		Pre-Cert #		
Physician Name Physician's Sigr Beta Blockers: Exam Ordered	e nature : 🗖 50 mg Met I and Codes (selec	ct only 1 code) Coronary CT Angiograph		Pre-Cert #	Date	
Physician Name Physician's Sigr Beta Blockers: Exam Ordered D 75574	e nature : □ 50 mg Met I and Codes (selec CTA Heart (C+) C Calcium Score –	ct only 1 code) Coronary CT Angiograph Self Pay \$129	y – CT, heart, co	Pre-Cert # r: pronary arteries and byp	Date	
Physician Name Physician's Sigr Beta Blockers: Exam Ordered 75574 71901029	e nature :	ct only 1 code) Coronary CT Angiograph Self Pay \$129	y – CT, heart, co , without conti	Pre-Cert # r: pronary arteries and byp	Date Date	