

PATIENT LAST NAME PATIENT FULL FIRST NAME TODAY'S DATE DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):

ICD-10:

PHYSICIAN SIGNATURE (REQUIRED) PHYSICIAN NAME (PRINTED OR STAMPED)
PHYSICIAN ADDRESS

PATIENTS:
CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

CARDIAC CT

75574 - CT CORONARY ANGIOGRAPHY*

FFR-CT

If needed, due to borderline obstructive disease:

0501T, 0503T, 0504T - CT FRACTIONAL FLOW RESERVE

Reason for ordering this exam:

- Suspected CAD with symptoms (I25.118)
- Chest pain (R07.9) Shortness of breath (R06.02)
- Abnormal result of cardiovascular function study (R94.39)
- Congenital heart disease (Q24.9)
- R07.2 Precordial pain
- R07.82 Intercostal pain
- R07.89 Other Chest pain
- Other Clinical Indications:

PRE-AUTH CLINICAL INDICATION(S) *

If symptomatic, please answer the following:

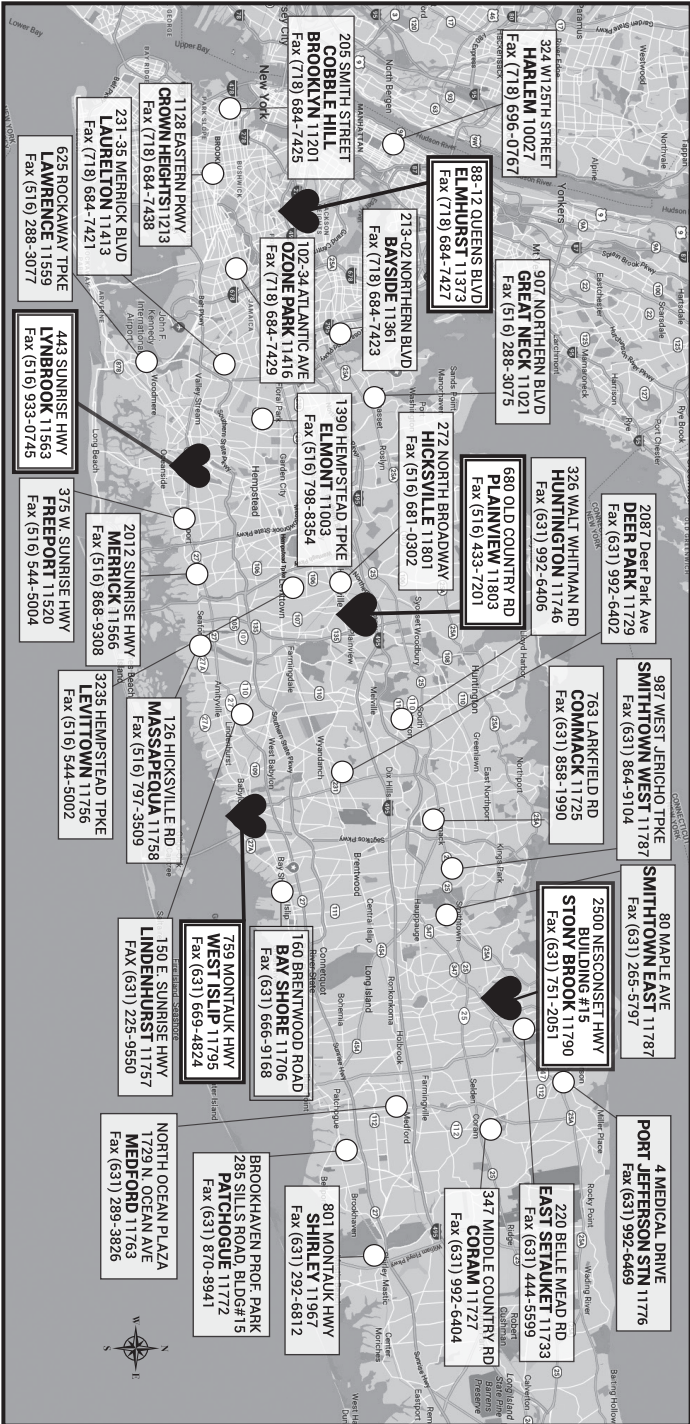
- Substernal chest pain? YES
- Arm pain?
- Jaw pain?
- Shortness of breath?
- Is pain relieved with nitroglycerin or rest?
- Does the pain wake the patient from sleep?
- Does the pain worsen with inspiration?
- Does the pain occur at rest?
- Is pain brought on by exercise/emotional distress?

CONTRAINDICATIONS FOR CORONARY CTA

Does the patient have any of the following?

- Atrial fibrillation YES
- Multifocal Atrial Tachycardia (MAT)
- Inability to obtain heart rate < 65 beats per min
- Does the patient have a Pacemaker/ICD?
- Normal Catheterization < 1 year ago
- Calcium Score > 1000
- Renal insufficiency
- Inability to hold breath > 8 seconds
- Inability to lie flat

ZWANGER-PESIRI RADIOLOGY



Locations where HeartFlow Analysis examinations are performed