

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____ ICD-10:

<input type="text"/>	Meyer H. Abittan, MD 100 Port Washington Blvd, Roslyn, NY 11576 T: (516) 627-1155
PHYSICIAN SIGNATURE (REQUIRED)	

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?	<input type="checkbox"/>
Jaw pain?	<input type="checkbox"/>
Shortness of breath?	<input type="checkbox"/>
Is pain relieved with nitroglycerin or rest?	<input type="checkbox"/>
Does the pain wake the patient from sleep?	<input type="checkbox"/>
Does the pain worsen with inspiration?	<input type="checkbox"/>
Does the pain occur at rest?	<input type="checkbox"/>
Is pain brought on by exercise/emotional distress?	<input type="checkbox"/>

CONTRAINDICATIONS FOR CORONARY CTA
Does the patient have any of the following?

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

ZWANGER-PESIRI RADIOLOGY

 Locations where HeartFlow Analysis examinations are performed

