

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)

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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"/> |

