



815 NW 57th Avenue
 Suite 100
 Miami, FL 33126
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APPOINTMENT INFORMATION	
Date:	_____
Time:	_____
Stat:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transportation:	YES <input type="checkbox"/> NO <input type="checkbox"/>

REFERRAL/PRESCRIPTION SLIP

PATIENT INFORMATION

Patient's Name: _____ DOB: _____ Home #: _____ Cell#: _____

PHYSICIAN INFORMATION

Referring Physician Name: _____ Contact: _____ Tel: _____ Fax: _____

PET IMAGING PROCEDURE(S)

NOTE: PATIENT THAT MAY BE PREGNANT CAN NOT UNDER GO A PET IMAGING STUDY

PRE-EXISTING CONDITIC

- CORONARY ARTERY DISEASE
- MYOCARDIAL INFARCTION
- ATRIAL FIBRILLATION
- HYPERTENSION
- TYPE 1 DIABETES TYPE 2 DIABETES
- ANGINA PECTORIS
- ATRIAL FIBRILLATION
- HYPERCHOLESTEROLEMIA
- LEFT BUNDLE BRANCH BLOCK
- CHEST PAIN/DISCOMFORT/TIGHTNESS
- CONGESTIVE HEART FAILURE
- ASHD - ARTERIOSCLEROTIC HEART DISEASE
- ARTHRITIS
- SHORTNESS OF BREATH
- SYNCOPE
- DYSPNEA ON EXERTION
- CLAUSTROPHOBIA (IF PATIENT NEEDS A SEDATIVE, PLEASE SEND A PRESCRIPTION STATING SEDATIVE DESIRED)

INDICATIONS FOR CARDIAC PET SCAN:

- CORONARY ARTERY DISEASE
- MORBIDLY OBESE (BMI >35) PATIENT'S BMI: _____
- PREVIOUS SPECT/MPI IMAGING FOR VIABILITY IS INADEQUATE
- SEVERE LEFT VENTRICULAR DYSFUNCTION (LVEF ≤ 35%)
- LARGE BREASTS
- BREAST IMPLANTS
- PREVIOUS MASTECTOMY
- DIFFERENTIATING ISCHEMIA FROM ATTENUATION ARTIFACT
- EQUIVOCAL NUCLEAR PERFUSION STRESS TEST
- MITRAL VALVE PROLAPSE
- CONGESTIVE HEART FAILURE
- ABNORMAL BASELINE EKG
- DIFFICULTY WALKING DUE TO SHORTNESS OF BREATH, ARTHRITIS, OBESITY

CARDIAC PET IMAGING

CP1 CODE	DESCRIPTION
<input type="checkbox"/> 78491	MPI (Myocardial Perfusion Imaging) with Rubidium administration-Single study rest or stress
<input type="checkbox"/> 78492	MPI (Myocardial Perfusion Imaging) with Rubidium administration-Multiple study rest or stress
<input type="checkbox"/> 78459	Metabolic assessment for myocardial viability with FDG administration

DIAGNOSIS: Please check corresponding diagnosis below

<input type="checkbox"/> 411.0	POSTMYOCARDIAL INFARCTION SYNDROME	<input type="checkbox"/> 426.50	BUNDLE BRANCH BLOCK UNSPECIFIED
<input type="checkbox"/> 411.81	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION	<input type="checkbox"/> 426.52	RIGHT BUNCL E BRANCH BLOCK AND LEFT ANTERIOR FASCICULAR BLOCK
<input type="checkbox"/> 412	OLD MYOCARDIAL INFARCTION	<input type="checkbox"/> 426.53	OTHER BILATERAL BUNDLE BRANCH BLOCK
<input type="checkbox"/> 413.0	ANGINA DECUBITUS	<input type="checkbox"/> 426.54	TRIFASCICULAR BLOCK
<input type="checkbox"/> 413.1	PRINZMETAL ANGINA	<input type="checkbox"/> 426.6	OTHER HEART BLOCK
<input type="checkbox"/> 413.9	OTHER AND UNSPECIFIED ANGINA PECTORIS	<input type="checkbox"/> 427.31	ATRIAL FIBRILLATION
<input type="checkbox"/> 414.00	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT	<input type="checkbox"/> 428.0	CONGESTIVE HEART FAILURE UNSPECIFIED
<input type="checkbox"/> 414.01	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	<input type="checkbox"/> 428.1	LEFT HEART FAILURE
<input type="checkbox"/> 414.02	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT	<input type="checkbox"/> 428.20	UNSPECIFIED SYSTOLIC HEART FAILURE
<input type="checkbox"/> 414.03	CORONARY ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT	<input type="checkbox"/> 428.21	ACUTE SYSTOLIC HEART FAILURE
<input type="checkbox"/> 414.06	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART	<input type="checkbox"/> 428.22	CHRONIC SYSTOLIC HEART FAILURE
<input type="checkbox"/> 414.07	CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART	<input type="checkbox"/> 428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
<input type="checkbox"/> 414.10	ANEURYSM OF HEART (WALL)	<input type="checkbox"/> 428.30	UNSPECIFIED DIASTOLIC HEART FAILURE
<input type="checkbox"/> 414.11	ANEURYSM OF CORONARY VESSELS	<input type="checkbox"/> 428.31	ACUTE DIASTOLIC HEART FAILURE
<input type="checkbox"/> 414.12	DISSECTION OF CORONARY ARTERY	<input type="checkbox"/> 428.32	CHRONIC DIASTOLIC HEART FAILURE
<input type="checkbox"/> 414.19	OTHER ANEURYSM OF HEART	<input type="checkbox"/> 428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
<input type="checkbox"/> 414.3	CORONARY ATHEROSCLEROSIS DUE TO LIPI RICH PLAQUE	<input type="checkbox"/> 428.40	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
<input type="checkbox"/> 414.8	OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE	<input type="checkbox"/> 428.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
<input type="checkbox"/> 426.2	LEFT BUNDLE BRANCH HEMIBLOCK	<input type="checkbox"/> 428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
<input type="checkbox"/> 426.3	OTHER LEFT BUNDLE BRANCH BLOCK	<input type="checkbox"/> 428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
<input type="checkbox"/> 426.4	RIGHT BUNDLE BRANCH BLOCK	<input type="checkbox"/> 428.9	HEART FAILURE UNSPECIFIED

Physician's Signature: _____ Date: _____

PLEASE FAX REFERRAL/PRESCRIPTION SLIP ALONG WITH MEDICAL RECORDS SUPPORTING MEDICAL NECESSITY