USE BALL POINT PEN ONLY			EKG, Echo and Respiratory Procedures			* Please arrive @	for Registration		
			01	RDER FORM			Your appt. dat	e is:	
□ ROUTINE > REQUIRED Fields					Your appt. time is:			e is:	
STAT CALL I				To <b>schedule</b> an appt. please call					
								3333 option #7	
STAT CALL REPORT <u>PATIENT TO WAIT</u> #							M-Th 7:30am-6:00pm, Friday 7:30am- 5:00pm		
FAX to: 336	5-328-4415						For <b>Pre-Registrat</b> Monday - Friday, 8	<b>ion</b> ca <b>ll 336-328-3733</b> ::00am - 6:00pm	
>Pt. Name : Last F	First Middle	$\triangleright$	▶ Pt. D.O.B.		> Practitioner	Signa	ture	>Date	
								>Time	
Pt. Phone #:		> Pt. Pr	ecert / Authorization #		Sex:	>	Print Name of Pract	tioner	
					M or F				
		Expires on:							
TH	Reason for Ex	kam:						)	
BOTH Required	ICD 10 Code	:							

✓ Exam	
Echocardiography	CPT Codes
Echo 2D with Doppler	93306
Pediatric Echo	93306
Stress Echo	93350
Dobutamine Stress Echo	93350
Transesophageal echo (TEE)	93312
EKG/EEG	CPT Codes
Electroencephalogram (EEG)	95819
	00005

Electroencephalogram (EEG)	95819
Electrocardiogram (EKG)	93005
Graded Exercise Stress Test (GEST)	93017
Tilt Table	93660

## **Pulmonary Function Study Instructions:**

- Please do not use inhalers for six hours prior to study.
- Please do not have any caffeine products six hours prior to study.
- No bronchodilators (Medications Ventolin, Albuterol, Proventil, Atrovent, Serevent, Alupent, nebs and/or inhalers.)
- No chocolate
- If you are a smoker, please DO NOT SMOKE for 6 hours prior to your study. For acute respiratory distress or difficulty breathing, you may use a bronchodilator medication. Be sure to inform the technician performing your test which medication you used and what time of last administration.

## Graded Exercise Testing/Stress Echo/TEE/Tilt Table/Dobutamine

- No food or drink after midnight prior to your test
- Hold all medications the morning of your test.
- Bring all medications with you to your appointment.
- Hold all oral diabetic medications the morning of your study.
- Dress in comfortable clothes and wear walking shoes.
- No flip flops or bedroom slippers, tennis shoes are preferred.
- Wear clothing that is easily accessible to chest wall. IV may be required for some tests.



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Revised 1/2017 EKG, Echo and Respiratory Orders

## **Echo Study**

✓ Exam

**Respiratory Therapy** 

- Bring list of medications.
- Avoid using powders or lotions on chest wall area on the day of the study.

## EEG

- Bring a list of your medications.
- Verify with your doctor any special sleep instructions.
- Sleep deprived studies: You must be without sleep 6 hours prior to test.
- No napping prior to test.
- Shampoo your hair prior to study. Hair should be dry.
- Please do not use any hair products including hair spray.
- Braids and extensions will need to be removed for study.
- Hold Ritalin or any other medications of this type the day of your study.
- Please ask your doctor about dose instructions.
- Eat a well-balanced caffeine-free meal, which excludes soft drinks, tea, coffee and chocolate.

Arterial Blood Gas82805Arterial Blood Gas82803Pulmonary Funct. Study-Pre & Post Bronch94060Pulmonary Funct Study Complete (Pre / Post,<br/>TGV,DLCO)94060/94729/<br/>94727Pulse Oximetry94760Sputum Induction94640

**CPT Codes**