

USE BALL POINT PEN ONLY

## TEE and CARDIOVERSION

\* Please arrive @ \_\_\_\_\_ for Registration

☐ ROUTINE

### ORDER FORM

Your appt. date is: \_\_\_\_\_

☐ STAT CALL REPORT # \_\_\_\_\_

### ➤ REQUIRED Fields

Your appt. time is: \_\_\_\_\_

☐ STAT CALL REPORT--PATIENT TO WAIT # \_\_\_\_\_

To **schedule** an appt. please call

336-328-3333 option #7

**M-Th 7:30am-6:00pm, Friday 7:30am-5:00pm**

**FAX to: 336-328-4415**

For **Pre-Registration** call **336-328-3733**

Monday - Friday, 8:00am - 6:00pm

➤Pt. Name : Last First Middle ➤		➤Pt. D.O.B.		➤ Practitioner Signature		➤Date _____	
Pt. Phone #:		Pt. Precert / Authorization #		Sex: M or F		➤Time _____	
		Expires on:					

<b>BOTH Required</b>	➤ Reason for Exam: _____
	➤ ICD 10 Code : _____

✓ Exam

### TEE and CARDIOVERSION

### CPT Codes

	Transesophageal Echo (TEE)	93312
	Cardioversion	92960
	TEE with Cardioversion	93312 + 92960

### TEE and CARDIOVERSION Instructions

- No food or drink after midnight prior to your test
- Take Eliquis as directed (do not skip dose)
- Take medications as prescribed with small sips of water
- Take all medications as prescribed except for GLP-1(Ozempic, Trulicity, Victoza, Byetta, Mounjaro) and oral antidiabetics
- Hold all GLP-1 medications (Ozempic, Trulicity, Victoza, Byetta, Mounjaro) for 1 week prior to your procedure
- Bring all medications with you to your appointment
- Bring someone with you to drive you home after the procedure



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TEECARDIOVORDER



New 05/2025  
TEE and Cardioversion