

Weatherhead PET Center – Cardiac PET Scan Order Form

Name: _____ D.O.B.: _____ SS# _____

Address: _____

Phone Home: _____ Work: _____ Cellular: _____

Best Number/Time to Reach Patient: _____

Insurance: Primary: _____ Secondary: _____

****Fax insurance information with this form.****

Referring M.D.: _____ Pager: _____ UPIN#: _____

Mailing address: _____

Phone: _____ Fax: _____

Person completing form: _____ Phone: _____

Primary Diagnosis: (Must be completed – check all that apply.)

410.9	Acute MI, unspecified site	413.9	Angina pectoris, other/unspecified
411.0	Post MI syndrome	414.01	Coronary atherosclerosis of native coronary artery
411.1	Intermediate coronary syndrome	414.02	Coronary atherosclerosis of autologous biological graft
411.81	Coronary occlusion without MI	414.03	Coronary atherosclerosis of nonautologous biological graft
411.89	Other acute/subacute forms of ischemic heart disease	414.10-414.19	Aneurysm of heart
412	Old MI	414.9	Chronic ischemic heart disease, unspecified
413.0	Angina pectoris; angina decubitus		
413.1	Angina pectoris, Prinzmetal decubitus		

Secondary Diagnosis

250.00	Diabetes/non-insulin, - controlled	428.0	Congestive heart failure
250.02	Diabetes/non-insulin, - uncontrolled	786.50	Chest pain, unspecified
250.01	Diabetes/insulin, controlled	786.51	Precordial chest pain
250.03	Diabetes/insulin, uncontrolled		
272.0	Hypercholesterolemia		
272.2	Hyperlipidemia		
401.0	Hypertension – uncontrolled		
401.1	Hypertension - controlled		

Patient's Weight _____ Height _____

Cardiac Risk Factors: _____ high cholesterol _____ family history _____ hypertension
 _____ overweight _____ tobacco use _____ diabetes

Does the patient have asthma/emphysema or take bronchodilators/inhalers? _____ No _____ Yes

Fax This Form, Along With Insurance Information, Recent H & P, Lipid Profile, And Any Other Cardiac Test Results To (713)704-4616. We Will Verify Insurance Coverage and Contact Patient for Scheduling and Instructions. Phone Number: (713)500-6611, ext. 4.

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