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 Office: (973) 334-7700
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CONSULTATION/PROCEDURE REQUESTED

Patient's Name _____

Physician's Name _____

- Consultation
- Exercise Stress Test (Code 93015)
- Nuclear Exercise Stress Test (Codes 78452, 93015, 96374)
- Pharmacological Nuclear Stress Test Lexiscan (Codes 78452, 93015, J2785)
- Stress/Echocardiology (Codes 93351, 93320, 93325)
- 2D Echocardiology/Color Flow Doppler (Code 93306)
- 24 Hour Holter Monitor (Code 93224 up to 48 Hours)
- Electrocardiogram (EKG) (Code 93000)
- Carotid Duplex (Code 93880)
- Ambulatory Blood Pressure Monitor (Code 93784)
- Abdominal Aortic Ultrasound (Code 93979)
- Bilateral Venous Duplex of the Lower Extremities (Code 93970)
- Bilateral Arterial Duplex of the Lower Extremities (Code 93931)
- PVR with and without exercise (Code 93924) PVR at Rest (Code 93923)

Diagnosis: _____

ICD9 Code for each diagnosis: _____

Pre Cert for Nuclear/Echocardiology/Stress/ Echocardiology perform by:

- PCP Lakeland Cardiology

Test Scheduled for _____ at _____ a.m./p.m.

Please call, Phone: 973-334-7700, Fax: 973-402-5847 to schedule in our Mountain Lakes Office or
 Phone: 973-989-2566, Fax: 973-989-5669 to schedule in our Randolph Office or
 Phone: 973-334-7700, Fax: 973-402-5847 to schedule in our Sparta Office.

Physician's Signature _____

Date _____

Please advise your patient with referral/pre-certification information, if needed, for this appointment.