

Healient

Physician Group

Outpatient Testing Order Form

1000 Carondelet Dr., Suite 201B Kansas City, MO 64114

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Patient Name: _____ DOB: ____ / ____ / ____

Ordering Physician: _____

Indication for Test: _____

Physician Signature: _____

Echocardiography:

- 93306 Echo
- 93350 Stress Echo
- 93017 TM (Treadmill)

Nuclear Medicine:

- Stress Pharmacologic Treadmill
- Resting (to include Planar & SPECT)
- MUGA

Ultrasound / Duplex:

- 76700 Abdominal Ultrasound
- 93978 Aorta/Iliac Ultrasound
- UE Arterial Duplex: RT LT Bilat
- LE Arterial Duplex: RT LT Bilat
- 93880 Carotid Artery Duplex
- 93975 Mesenteric Duplex
- 93975/76770 Renal Artery Complete
- 76770 Renal Ultrasound
- 93931 Subclavian Artery Duplex
- 76536 Thyroid Ultrasound
- UE Venous Duplex RT LT Bilat
- LE Venous Duplex (DVT): RT LT Bilat
- LE Venous Duplex (Insufficiency Study):
 RT LT Bilat

Angio / Interventional Suite:

- 75625 Abdominal Aortogram
- 92960 Cardioversion
- 36223 Carotid Angiogram
- 36224 Cerebral Angiogram
- 93458/93454 Coronary Angiogram+/-LV
- 93461/93460 R&L Heart+/-LV
- 36558 Dialysis Catheter Placement
- Inferior Mesentetic Artery Embolization
- Internal Iliac Artery Embolization: RT LT
- 37191 IVC Filter Placement
- 37193 IVC Filter Retrieval
- 22524 Kyphoplasty (Lumbar): Levels _____
- 22523 Kyphoplasty (Thoracic): Levels _____
- LE Arteriogram: RT LT Bilat
- 75726 Mesenetric Angiogram
- 36569 PICC Placement
- 36561 Portacath Placement
- 32550 PleurX catheter Placement
- 36252 Renal Angiogram
- 36225 Subclavian Angiogram

EKG:

- 93005 EKG Event Recorder

Other: _____