



HMH2411

<b>Patient Name</b>	<b>DOB</b>	<b>Insured Name</b>	<b>Plan Name</b>
<b>Phone No</b>	<b>HT</b>	<b>ID No</b>	<b>Plan Phone No</b>
<b>SSN (last four numbers)</b>	<b>WT</b>	<b>Group No</b>	<b>Auth. No</b>
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Indication for Study &amp; ICD10</b>		

<b>Ordering Physician</b>	<b>Physician Signature</b>
<b>Contact Phone No</b>	<b>Fax No</b>

**CARDIAC MRI**      **\*\* Patients with CLAUSTROPHOBIA who may receive medication for sedation MUST bring a driver \*\***

<input type="checkbox"/> CMR13 CV MRI Heart & Thoracic Aorta w wo contrast	75561, 75565, 71555	<input type="checkbox"/> CMR27 CV MRI Valve Assessment w contrast	75561, 75565
<input type="checkbox"/> CMR15 CV MRI Congenital Heart Disease Shunt Eval. w contrast	75561, 75565, 71555	<input type="checkbox"/> CMR28 CV MRA Abdomen Pelvis Lower Extremity Runoff w - wo contrast	74185, 72198, 73725-RT/LT
<input type="checkbox"/> CMR16 CV MRI Heart Function Viability CHF Evaluation	75561, 75565	<input type="checkbox"/> CMR31 CV MRA Neck Carotids w/ wo contrast	70549
<input type="checkbox"/> CMR09 CV MRI Stress Test w contrast ***NPO midnight, NO caffeine for 24hrs***	75563, 75565, 93016, 93018	<input type="checkbox"/> CMR33 CV MRA Chest Thoracic Aorta or Pulmonary Artery w - wo contrast	71555
<input type="checkbox"/> CMR18 CV MRI Heart Function Only—Limited EF study, no contrast	75557, 75565	<input type="checkbox"/> CMR30 CV MRA Arch Upper Extremity w wo contrast	70549, 71555, 73225-RT/LT
<input type="checkbox"/> CMR19 CV MRI Hypertrophic Cardiomyopathy Eval, Perfusion, Scar Assessment with contrast	75563, 75565, 93016, 93018	<input type="checkbox"/> CMR36 CV MRI SVC Central Venous Imaging Protocol	70549, 71555, 73225-RT/LT
<input type="checkbox"/> CMR21 CV MRI Mass or Tumor Evaluation w contrast	75561, 75565, 71555	<input type="checkbox"/> CMR37 CV MRI TAVR Planning	74185, 72198, 71555
<input type="checkbox"/> CMR22 CV MRI Pericardial Heart Eval w contrast	75561, 75565	<input type="checkbox"/> CMR39 CV MRI w/ contrast for 3D LV or LA Scar Assessment	75561, 75565, 71555
<input type="checkbox"/> CMR23 CV MRI Pulmonary Vein Ablation Eval w contrast	75561, 75565, 71555	<input type="checkbox"/> CMR40 CV MRI Iron Overload Assessment	75557
<input type="checkbox"/> CMR24 CV MRI RV Dysplasia Evaluation w contrast	75561, 75565, 71555	<input type="checkbox"/> CMR41 CV MRI Aortic Dissection 4D Flow	74185, 72198, 71555
<input type="checkbox"/> CMR26 CV MRI Stroke Evaluation w contrast	75561, 75565, 71555	<input type="checkbox"/> CMR42 CV MRI Aortic Dissection Evaluation	74185, 72198, 71555
		<input type="checkbox"/> CMR03 CV MRA Abd & Pelvis w & w/o contrast	74185, 72198

**\*\*\* PATIENTS CAN NOT HAVE MRI IF THEY HAVE ANY OF THE LISTED IMPLANTS WHICH REPRESENTS MAJOR CONTRAINDICATION TO MRI \*\*\***

Pacemaker or Defibrillator	YES <input type="checkbox"/> NO <input type="checkbox"/>	Deep Brain Stimulators/Vagal Stimulators	YES <input type="checkbox"/> NO <input type="checkbox"/>	PILL Cam within last 30 days or Gastric Reflux Device	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cochlear Implant	YES <input type="checkbox"/> NO <input type="checkbox"/>	Infusion Pumps (e.g. Insulin Pump)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Metallic Foreign Body in the Eye or "Triggerfish" Contact Lens	YES <input type="checkbox"/> NO <input type="checkbox"/>

**SPECIAL CONSIDERATIONS:**

- CEREBRAL ANEURYSM CLIPS:** Need to obtain written documentation regarding specific type of clips, location, etc from neurosurgeon or hospital. Please fax to 713.791.5075
- PREGNANCY:** Physicians MUST weigh the risk vs. benefits of MRI vs. alternative diagnostic tests. Informed consent required.
- SEVERE RENAL INSUFFICIENCY (GFR <30):** MUST weigh risks of gadolinium based contrasts vs. benefits of MRI tests results. Informed consent and renal clearance required.
- METAL WORKERS:** X-rays of orbits required prior to MRI scan to rule out occult metal fragments in eyes
- TISSUE EXPANDERS:** Office should contact Cardiac MRI at 713.441.2222 prior to exam in order to determine if MRI is safe.
- PATIENTS WITH COAT or BRA SIZE OF 52 or LARGER:** Office should contact Cardiac MRI at 713.441.2222 prior to exam to determine if patient will fit in the scanner.

**CARDIAC CT**      **CARDIAC NUCLEAR MEDICINE — Stress Test**

<input type="checkbox"/> CCT25 CV CTA Coronary Arteries w contrast w FFR if needed	75574, 0502T, 0503T	<input type="checkbox"/> STRESS02 NM Nuclear Cardiac Stress Test (Myocardial Perfusion Imaging) <i>Please check 1 below:</i>	78452
<input type="checkbox"/> CCT26 CV CTA Coronary Pre A-Fib, Pulmonary vein mapping	75572	<input type="checkbox"/> Regadenoson <input type="checkbox"/> Adenosine	
<input type="checkbox"/> CCT04 CV CTA Coronary Post A-Fib, Ablation	75574	<input type="checkbox"/> Exercise Treadmill <input type="checkbox"/> Agent TBD	
<input type="checkbox"/> CCT15 CV CTA Chest (Thoracic Aorta) w contrast	71275	<input type="checkbox"/> STRESS01 CV Stress Test—Treadmill Exercise (EKG Only, No Imaging)	93017
<input type="checkbox"/> CCT18 CV CT Chest w contrast	71260	<input type="checkbox"/> STRESS03 NM Myocardial Perfusion Imaging Viability Assessment	78451
<input type="checkbox"/> CCT21 CV CT Chest Non Contrast	71250	<input type="checkbox"/> STRESS42 CV Radionuclide Angiography (MUGA) multiple	78473
<input type="checkbox"/> CCT30 CV CTA Chest, Triple R/O and FFR if needed	75574, 71275, 0503T, 0502T	<input type="checkbox"/> STRESS51 CV Radionuclide Angiography (MUGA) rest only	78472
<input type="checkbox"/> CCT17 CV CTA Abdomen, Pelvis w contrast	741174	<input type="checkbox"/> STRESS68 CV I123 Planar Cardiac Sympathetic Imaging	0332T
<input type="checkbox"/> CCT16 CV CTA Abdomen w Runoff, w contrast	75635	<input type="checkbox"/> STRESS69 CV PYP scan for cardiac amyloidosis	78803
<input type="checkbox"/> CCT28 CV CTA Pre-TAVR Workup w contrast, FFR if needed	75574, 71275, 74174, 70498	<b>VASCULAR ULTRASOUND</b>	
<input type="checkbox"/> CCT06 CV CTA TMVR Workup (CTA Coronary & Thoracic Aorta) w contrast	75574, 71275	<input type="checkbox"/> VAS01 Carotid Duplex	93880, 93882
<input type="checkbox"/> CCT03 CV CTA Carotid Arteries w contrast	70498	<input type="checkbox"/> VAS28 Transcranial Doppler (TCD) Intracranial Arteries Emboli Detection w Injection	93893, 93886
<input type="checkbox"/> CCT29 CV CTA LVAD Assessment w contrast	71275	<input type="checkbox"/> VAS29 Transcranial Doppler (TCD) Intracranial Arteries Monitoring wo Injection	93892, 93886
<input type="checkbox"/> CCT01 CT Cardiac Calcium Score (Heart Scan) - Self-Pay	\$140.00, 75571	<input type="checkbox"/> VAS29 Transcranial Doppler (TCD) Intracranial Arteries	93886, 93888
<input type="checkbox"/> CCT19 Heart Scan Plus—Self-Pay	\$205.00	<input type="checkbox"/> VAS31 Transcranial Doppler (TCD) Intracranial Arteries Vasoreactivity	93890, 93886

**CARDIAC PET**

<input type="checkbox"/> CARPET01 CV Cardiac PET Myocardial Perfusion Imaging	78431, 78434, 93016, 93018	<input type="checkbox"/> VAS58-59 Venous Duplex <b>Complete Bilateral</b>	93970
<input type="checkbox"/> CARPET02 CV Cardiac PET Myocardial Perfusion Imaging w Viability Assessment	78431, 78434, 78429	<input type="checkbox"/> VAS14-15 Venous Duplex <b>Unilateral or Limited</b> <input type="checkbox"/> Right <input type="checkbox"/> Left	93971
<input type="checkbox"/> CARPET03 CV Cardiac PET Sarcoidosis Assessment	78433	<input type="checkbox"/> UPPER Extremity <input type="checkbox"/> LOWER Extremity	
<input type="checkbox"/> CARPET04 CV Cardiac PET Endocarditis/Infection/Device Assessment	78429	<input type="checkbox"/> VAS60-61 Arterial Duplex <b>Complete Bilateral</b>	93930, 93925
<input type="checkbox"/> CARPET05 CV Cardiac PET Viability Assessment Only	78433	<input type="checkbox"/> UPPER Extremity <input type="checkbox"/> LOWER Extremity	
<input type="checkbox"/> CARPET10 Cardiac PET Vascular/ Infection Limited	78814	<input type="checkbox"/> VAS02-03 Arterial Duplex <b>Unilateral or Limited</b> <input type="checkbox"/> Right <input type="checkbox"/> Left	93931, 93926
<input type="checkbox"/> CARPET11 CV Cardiac PET Myocardial Perfusion Imaging w Sarcoidosis Assessment	78431, 78434, 78429, 93016, 93018	<input type="checkbox"/> UPPER Extremity <input type="checkbox"/> LOWER Extremity	
<input type="checkbox"/> VAS48-49 Physiologic Arterial <b>Complete Bilateral</b>		<input type="checkbox"/> UPPER Extremity <input type="checkbox"/> LOWER Extremity	93923

**ECHOCARDIOGRAM**

<input type="checkbox"/> ECH10 Transthoracic Echocardiogram <b>Complete</b> w contrast, strain, 3D if needed	93306, 93307, 93356, C8929	<input type="checkbox"/> VAS46 VAS56 Physiologic Arterial <b>Unilateral or Limited</b> <input type="checkbox"/> Right <input type="checkbox"/> Left	93922
<input type="checkbox"/> ECH16 Transthoracic Echocardiogram <b>Limited or Follow-up</b> w contrast, strain if needed	93308, 93356, C8924	<input type="checkbox"/> UPPER Extremity <input type="checkbox"/> LOWER Extremity	
<input type="checkbox"/> ECH33 Transthoracic Echocardiogram Stress Doppler w contrast if needed <i>Please check 1 below:</i> <input type="checkbox"/> Dobutamine <input type="checkbox"/> Bike <input type="checkbox"/> Treadmill	93350, 93351, 93356 C8928, C8930	<input type="checkbox"/> VAS50 Physiologic Arterial <b>LOWER Extremities w Exercise</b>	93924
<input type="checkbox"/> ECH10 Echocardiogram complete 2D w/ contrast, strain and 3D if needed <input type="checkbox"/> Dyssynchrony study (pre Bi-V pacemaker) <input type="checkbox"/> AV or VV optimization (post Bi-V pacemaker)	93306, C8929, 93356	<input type="checkbox"/> VAS21 Ankle Brachial Index (ABI)	93922
<b>LVAD Evaluation</b> <input type="checkbox"/> Surveillance Echo Protocol <input type="checkbox"/> Evaluation for Pump malfunction, pump thrombosis, hemolysis protocol		<input type="checkbox"/> VAS34 Carotid Intima Media Thickness (CIMT)	93998, 0126T
<b>Speed Change</b> <input type="checkbox"/> Optimization, HF, and/or Opening protocol <input type="checkbox"/> Heart Recovery Protocol <input type="checkbox"/> Pump Thrombosis (Ramp Study)	93306, C8929	<input type="checkbox"/> VAS45 Duplex Hemodialysis AVG/AVF Access	93990
		<input type="checkbox"/> VAS69 Duplex Pre-Op Assessment for Hemodialysis Access	93985, 93986
		<input type="checkbox"/> VAS32 VAS41 Vein Mapping <input type="checkbox"/> UPPER Extremity <input type="checkbox"/> LOWER Extremity	93970, 93971
		<input type="checkbox"/> VAS35 Vascular Age Screening (CIMT) - Self-Pay	\$120.00
		<input type="checkbox"/> VAS04 Vascular Screening (Carotids, AAA & PAD) - Self Pay	\$120.00
		<input type="checkbox"/> VAS66 Vascular Screening Package (Heart Scan Plus) - Self-Pay	\$205.00

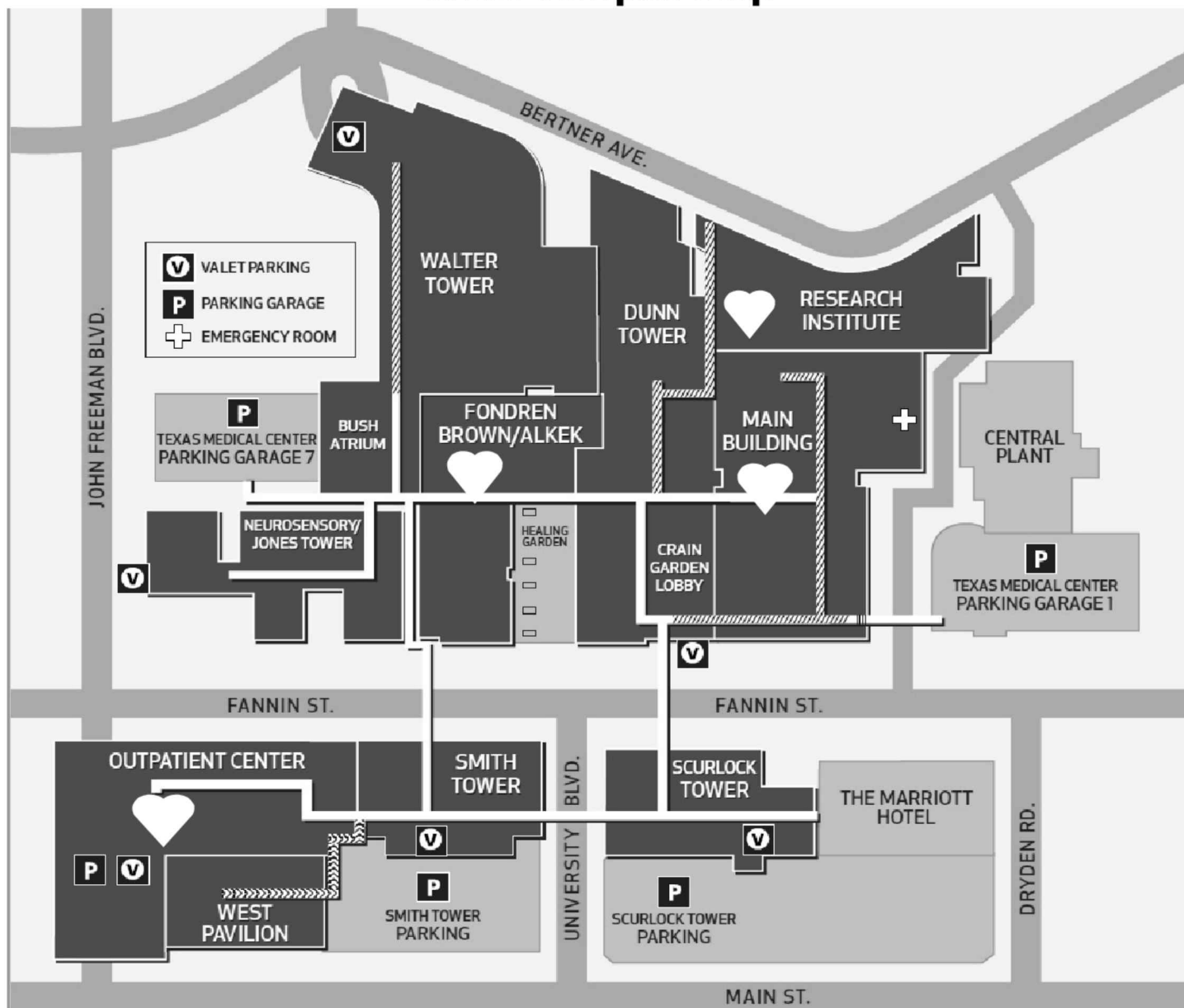
**EKG**

<input type="checkbox"/> ECG01 ECG 12-Lead	93000
<input type="checkbox"/> CAR02 CV Holter Monitor <input type="checkbox"/> 24 Hr	93227, 93224
<input type="checkbox"/> CAR03 CV Holter Monitor <input type="checkbox"/> 48 Hr	93227, 93224

**REQUIREMENT: LATEST HISTORY & PHYSICAL, RECENT LAB RESULTS, PREVIOUS CARDIAC IMAGING STUDY REPORTS**  
**FAX ORDER SHEET WITH THE REQUIRED DOCUMENTS TO 713.791.5075      FOR MORE INQUIRIES CALL 713.441.6550**

# Houston Methodist DeBakey Heart & Vascular Imaging Center

## HMH Campus Map



**Fondren Building 9th Floor Suite F9-922:** Cardiac CT, Nuclear Stress Testing, Echocardiogram & Vascular Ultrasound

Check-in: 1st floor Main Building, Patient Access Location if not pre-registered. If pre-registered, report to Fondren Building, 9th Floor, Cardiovascular Imaging Reception.

**Outpatient Center (OPC) 16th Floor:** Cardiac CT, Cardiac PET, Cardiac MRI, Echocardiogram, Vascular Ultrasound

Check-In: OPC 2nd Floor registration desk

**Main Building 2nd Floor Suite M251:** Cardiac MRI

Check in on the 1st floor at Patient Access Location in the Main Building

\*For any scheduling questions or concerns, call Centralized Scheduling at 713.441.6550