



Sierra Nevada Cardiology Associates

75 Pringle Way, Suite 401, Reno, NV 89502

Phone (775) 688-8000 Fax (775) 688-8046

Website: www.snca.com

DIAGNOSTIC TESTING REQUEST FORM

Please print

Requesting physician: Today's date:

Patient name:

Patient phone number: Birthdate:

Timeline of test: ASAP 1-3 days 1 week 2 weeks < 1 month

Please fax the patient information sheet (from chart) and/or insurance information sheet, along with this completed form to 688-8046. If you have any questions, please call 688-8000.

TEST

HOLTER MONITOR

Acceptable Holter Diagnosis

- Arrhythmia 427.9
Palpitations 785.1
Syncope 780.2

ECHOCARDIOGRAM

Acceptable Echocardiogram Diagnosis

- Acute Coronary Isch 411.89
Angina, unstable 411.1
Aortic stenosis/insuff 424.1
Cardiomyop/megaly 429.3
Cardiomyop, isch 414.8
Cardiomyop, dilated 425.4
CVA 437.1
Endocarditis 421.0
Fever 780.6
HOCM/IHSS 425.1
Mitral stenosis/insuff 394.2
Mitral valve prolapse 424.0
Murmur, undiagnosed 785.2
Pericarditis 420.91
Prosthetic heart valve V43.3
TIA 435.9
Tricuspid insuff 424.2
Ventricular hypertrophy 746.89

EXERCISE TREADMILL TEST

Acceptable Exercise Treadmill Test Diagnosis

- Abnormal EKG 794.31
Angina, Stable 413.9
Atrial fibrillation 427.31
Atrial flutter 427.32
CAD, Native vessel 414.01
Chest tightness/pain 786.59
Dyspnea 786.05
Palpitations 785.1
Preoperative CV eval V72.81
SVT/PSVT/PAT 427.0

MYOCARDIAL PERFUSION SCAN

Acceptable Nuclear Diagnosis

- Abnormal TMT 794.30
Acute Coronary Isch 411.89
Aortic Atherosclerosis 440.0
Aortic Dissection 441.0
Angina 413.9
Angina, Unstable 411.1
ASHD 414
Cardiomyop/megaly 429.3
Cardiomyop, isch 414.8
Chest tightness/pain 786.59
Congestive Heart Failure 428.0
Old MI, (>6 months) 412
Preoperative CV eval V72.81

WITH SNCA PHYSICIAN CONSULT

WITHOUT SNCA PHYSICIAN CONSULT

PHYSICIAN SIGNATURE:

DATE: