



WACO CARDIOLOGY ASSOCIATES
 7125 Sanger Road, Suite A.
 Waco, TX 76712
 Phone: 254-399-5484

TESTING REFERRAL

Please fax this completed form with auth to 254-399-5454

DATE: _____

Patient Name (FML) _____

Address _____

Birth Date _____ SS# _____

Home Phone _____ Work Phone _____

Race: _____ Hispanic/Latino: Y N Preferred Language _____

Primary Insurance

Secondary Insurance

Company Name

Company Name

Address

Address

Company Phone #

Company Phone #

Insured Name / Insured ID # / DOB

Insured Name / Insured ID # / DOB

Referring Doctor / NPI # / Contact Name / Phone # _____

Primary Care Provider if different than above _____

Appointment Date _____ Time _____

ECHOCARDIOGRAPHY

- Transthoracic Echocardiogram
- Complete (2D / Doppler) 93306 Limited 93308

ELECTROCARDIOGRAM

- EKG 93000
- Holter: 24 Hour 93224 48 Hour 93224

STRESS TESTS

- Treadmill 93015

NUCLEAR (call if you have questions)

- Nuclear Treadmill 78452
- Nuclear Pharmacologic (BMI < 35) 78452
- Nuclear Pharmacologic (BMI > 35) 78492
- MUGA 78472

Reason(s) for Test: _____

VASCULAR ULTRASOUND

- Abdominal Vascular (Renal) 93975
- Abdominal Aorta 93978
- Carotid 93880

ARTERIAL

- Upper Extremity 93931 R L Bilateral 93930
- Lower Extremity 93926 R L Bilateral 93925
(Lower Extremity includes: common femoral, superficial femoral, popliteal, anterior tibial, posterior tibial and peroneal)
- Iliacs 93979 R L Bilateral 93978
(Iliacs include: aorta, common and external iliacs)

PVR – Arterial Flow Testing (includes Dopplers, segmental systolic pressures and segmental PVR waveforms) Patients will be exercised unless otherwise specified.

- Upper Extremity 93924 rest/exercise 93923 rest
- Lower Extremity 93924 rest/exercise 93923 rest
- ABI – Ankle Brachial Index 93922

VENOUS

- Upper Extremity 93971 R L Bilateral 93970
 - Lower Extremity 93971 R L Bilateral 93970
 - Venous Mapping 93971 R L Bilateral 93970
- Reason for Mapping _____

Reason(s) for Test: _____

Provider Signature: _____ Date: _____

Please fax front/back of insurance card. If recent surgery (eg, fem-pop, fem-fem, fem-faraway, etc) please fax operative report also.