

McLaren Print System Order

Order No: 44789 Reprint Previous Order No: 43038
 Order Date: 2019-04-23
 User: Kallie Moshier
 Phone: 2484253856

Ship Location: McLaren Oakland Waterford Cardiovascular Institute
 5220 Highland Rd Suite 240
 waterford, MI 48327

Forms

Quantity: 100
 Paragon Dept No: 73850
 Dept Name: McLaren Oakland Waterford Cardiovascular Institute
 Company Number: 810

Order Total Price: 2.59

Item Number: MM-375
 Item Description: Outpatient Physician Order Requisition
 Revision Date: 12/2017
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Padded (100 Sheets Per Pad)
 Drill: None
 Misc Info: ds; black & white

McLaren Cardiovascular Institute 5220 Highland Road, Suite 240 Waterford, MI 48327 Phone: (248) 625-9099 Fax: (248) 625-4632	Outpatient Physician Order Requisition Exam Date: _____ Exam Time: _____ *Please arrive 15 minutes prior to appointment Patient Name: _____ Date of Birth (mm/dd/yyyy): _____ Diagnosis(es): _____
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Sign Symptom or Confirmed Diagnosis, do not tick out or possible

ECHO/VASCULAR/EEG TESTING	STRESS/HOLTER MONITOR TESTING
Echocardiogram 2-D with M-Mode Echo Doppler & Color Flow <input type="checkbox"/> Murmur <input type="checkbox"/> Aortic Aortic Ejection 93004 <input type="checkbox"/> CHF <input type="checkbox"/> Pericardial Effusion 93004 <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Chest Pain 93004 <input type="checkbox"/> Other: _____	Treadmill Stress Test 93011 <small>*This test is performed using a treadmill (no other imaging modalities used). This test is recommended for patients without any prior cardiac history or at low risk for heart disease.</small>
EEG/Electroencephalogram <input type="checkbox"/> Regular 24hr AMB 48hr AMB 72hr 93019 <input type="checkbox"/> Seizures <input type="checkbox"/> Syncope AMB 93013 <input type="checkbox"/> CVS <input type="checkbox"/> Paroxysmal Syncope <input type="checkbox"/> Other: _____	Stress Echocardiogram 93011 <small>*This test is performed using a treadmill and echocardiographic (ultrasound) images combined.</small> 93011
Abdominal Aorta Duplex <input type="checkbox"/> AAA <input type="checkbox"/> PVD <input type="checkbox"/> HTN 93078 <input type="checkbox"/> B/Dis. Prior <input type="checkbox"/> Other: _____	Exercise Myocardial Perfusion Stress Test 93011 <small>*This test is performed using a treadmill and a radioactive isotope.</small> 93011 93012
Arterial Doppler Upper Extremity <input type="checkbox"/> Pain <input type="checkbox"/> Claudication 93020 <input type="checkbox"/> Raynaud's Disease <input type="checkbox"/> Numbness 93022 <input type="checkbox"/> Thoracic Outlet Syndrome <input type="checkbox"/> PVD 93021 <input type="checkbox"/> Other: _____ 93021	Pharmacologic Myocardial Perfusion Stress Test 93011 <small>*This is a HIGH EXERCISE type of stress test that uses medication to stress the heart combined with nuclear imaging.</small> 93011 93012
Arterial Doppler Lower Extremity <input type="checkbox"/> R/R Prolapse <input type="checkbox"/> Claudication 93020 <input type="checkbox"/> Aneurysm <input type="checkbox"/> Ischemic Changes 93022 <input type="checkbox"/> Leg Pain <input type="checkbox"/> PVD 93021 <input type="checkbox"/> Other: _____ 93021	Holter Monitor 24-48 hour <input type="checkbox"/> Palpitations <input type="checkbox"/> Shortness of breath 93028 <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Syncope 93027
Venous Doppler Upper Extremity <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral 93070 <input type="checkbox"/> Arm Pain <input type="checkbox"/> Cellulitis 93071 <input type="checkbox"/> Swelling <input type="checkbox"/> DVT History of	Event Monitor (>48 hour) <input type="checkbox"/> Palpitations <input type="checkbox"/> Shortness of breath 93028 <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Syncope
Venous Doppler Lower Extremity <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral 93070 <input type="checkbox"/> Arm Pain <input type="checkbox"/> Cellulitis 93071 <input type="checkbox"/> Swelling <input type="checkbox"/> DVT History of	DIAGNOSIS FOR STRESS TESTING: <input type="checkbox"/> Angina <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Chest Pain <input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope <input type="checkbox"/> Pre Surgical Clearance <input type="checkbox"/> Other: _____
Carotid Doppler <input type="checkbox"/> Carotid Stenosis <input type="checkbox"/> Bruit 93080 <input type="checkbox"/> Syncope <input type="checkbox"/> CVR	INSTRUCTIONS FOR ALL STRESS TESTING: NPO at least 4 hours prior to testing. ABSOLUTELY NO Caffeine 24 hours prior (especially pharmacologic testing). No other stimulants such as nicotine just prior to testing.
Renal Artery Doppler <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal Artery Stenosis 93075 <input type="checkbox"/> B/Dis. Prior <input type="checkbox"/> Other: _____	_____ Physician Printed Name: _____