



RILEY YORK
CARDIOLOGY ASSOCIATES

Cardiology Testing Order Form

Fax to 1-877-569-3093 or email to referrals@rileyorkcardiology.com

Patient Name: _____ DOB: _____

Phone number: _____

Address: (street, city, state, zip) _____

Primary Insurance _____ Policy No. _____

Supplemental Insurance _____ Policy No. _____

Date of request: _____

Urgency (circle): Routine Stat

Test Requested

Echocardiogram, transthoracic complete (93303)

Stress echocardiogram, treadmill based (93351)

Reason for exam (check all that apply)

Common indications for exam

___ Acute coronary syndrome (I24.9) ___ Aortic aneurysm, ascending (I71.2) ___ Aortic stenosis, nonrheumatic (I35.0)

___ Atrial fibrillation, unspecified (I48.9) ___ Cardiomyopathy, unspecified (I42.9) ___ Chest pain, unspecified (R07.9)

___ Congestive heart failure, unspecified (I50.20) ___ CVA (I67.9) ___ Murmur (R01.1)

___ Shortness of breath (R06.02) ___ Syncope (R55) ___ Other (free text with icd10) _____

Requesting provider (print) _____

Signature _____

Send test results to (fax/email) _____