



The SWICFT Institute
625 9th Street North, Suite 201
Naples, FL 34102
239.261.2000 Phone
239.261.2266 Fax

James V. Talano, MD, MM, FACC
Peter R. Foster, MD, FACC
Sajan K. Rao, MD, FACC

DOCTOR'S OFFICE: PLEASE FAX FORM TO SWICFT AT (239) 261-2266
PATIENT: PLEASE BRING THIS FORM TO YOUR APPOINTMENT

REFERRING PHYSICIAN ORDER FORM

PATIENT NAME _____ PATIENT WEIGHT _____
DATE OF BIRTH _____ CONSULTATION REQUESTED
PHONE NUMBER _____ REFERRING PHYSICIAN _____
TODAY'S DATE _____ REFERRING PHYSICIAN SIGNATURE _____
PRIMARY INSURANCE _____ SECONDARY INSURANCE _____

PLEASE INDICATE TESTS ORDERED & ASSOCIATED DIAGNOSES

VASCULAR ULTRASOUND

Abdominal Duplex Aorta
93978

- | | | |
|--------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 401.9 hypertension | <input type="checkbox"/> 599.7 Hematuria | <input type="checkbox"/> 442.1 aneurysm renal artery |
| <input type="checkbox"/> 452 portal vein thrombosis | <input type="checkbox"/> 593.81 vascular disorders kidney | <input type="checkbox"/> 442.84 Aneurysm other visceral artery |
| <input type="checkbox"/> 789.00 abdominal pain unspecified | <input type="checkbox"/> 785.9 other cardiovascular symptoms | <input type="checkbox"/> 453.3 embolism/thrombosis renal artery |
| <input type="checkbox"/> 593.81 Renal Artery Stenosis (AORTA only) | <input type="checkbox"/> 440.1 ASH renal artery (KIDNEY only) | <input type="checkbox"/> 441.2 Abdominal Aortic Aneurysm |

Arterial Duplex Doppler Lower Extremities
93923/93925

- | | | |
|-----------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 440.21 PAD with int claudication | <input type="checkbox"/> 440.20 arteriosclerosis extremity | <input type="checkbox"/> 443.9 PVD unspecified |
| <input type="checkbox"/> 440.22 claudication rest pain | <input type="checkbox"/> 782.0 Disturbance of skin sensation | <input type="checkbox"/> 442.3 aneurysm lower ext |

Venous Duplex Doppler
93965/93970

- | | | |
|------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> 451.19 phlebitis extremity | <input type="checkbox"/> 451.11 femoral vein embolism | <input type="checkbox"/> 454.1 varicose vein w/inflammation |
| <input type="checkbox"/> 459.81 venous insufficiency | <input type="checkbox"/> 729.5 pain in limb | <input type="checkbox"/> 729.81 swelling of limb |
| <input type="checkbox"/> 454.8 varicose v pain edema | | |

Carotid **Limited Carotid** ***Transcranial**
93880 93882 93886

- | | | |
|---------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 433.10* carotid stenosis | <input type="checkbox"/> 433.30* mult & bil stenosis precerebral | <input type="checkbox"/> 437.0 arteriosclerosis cerebral |
| <input type="checkbox"/> 435.9 TIA | <input type="checkbox"/> 780.2 syncope and collapse | <input type="checkbox"/> 780.4 vertigo |
| <input type="checkbox"/> 436 CVA | <input type="checkbox"/> 438.10 speech deficit | <input type="checkbox"/> 785.9 carotid bruit |

ECHOCARDIOGRAM

Echo **Limited Echo** **Stress Echo** **Stress Echo with Contrast** **3D Echo** **24 Hr Holter**
93306 93308 93351 93352 76377/93306

- | | | |
|----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> 411.1 unstable angina | <input type="checkbox"/> 425.4 cardiomyopathy | <input type="checkbox"/> 786.59 chest discomfort |
| <input type="checkbox"/> 428.0 CHF | <input type="checkbox"/> 428.32 diastolic failure chronic | <input type="checkbox"/> 780.2 syncope / collapse |
| <input type="checkbox"/> 786.50 chest pain | <input type="checkbox"/> 424.2 tricuspid regurg | <input type="checkbox"/> 424.0 mitral valve regurg |
| <input type="checkbox"/> 424.1 aortic valve disorders | <input type="checkbox"/> 427.31 atrial fib | <input type="checkbox"/> 785.2 cardiac murmur |
| <input type="checkbox"/> 396.9 aortic & mitral dx unspec | <input type="checkbox"/> 397.0 tricuspid valve disease | <input type="checkbox"/> 416.0 primary pulmonary htn |
| <input type="checkbox"/> 413.9 angina pectoris | <input type="checkbox"/> 427.0 PSVT | <input type="checkbox"/> 402.10 hypertensive ht dx w/o fail |



STRESS TEST

Exercise Stress Test **Dobutamine Stress Test** **Adenosine/Lexiscan Stress Test** **MUGA**
78452 J0152/J2785

- | | | |
|-----------------------------------------------|----------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 414.0 CAD | <input type="checkbox"/> 411.0 recent MI | <input type="checkbox"/> 413.9 angina |
| <input type="checkbox"/> 412 old MI | <input type="checkbox"/> 424.0 mitral valve disorders | <input type="checkbox"/> 794.31 ABN EKG |
| <input type="checkbox"/> 426.2 LBBB | <input type="checkbox"/> 426.4 RBBB | <input type="checkbox"/> 427.31 A-Fib |
| <input type="checkbox"/> 428.0 CHF | <input type="checkbox"/> 440.21 atherosclerosis of extremities | <input type="checkbox"/> 786.05 SOB |
| <input type="checkbox"/> 425.4 cardiomyopathy | | |

