



**Nuclear Cardiology Laboratory Form**  
**Weill Cornell Medical College – Division of Cardiology**  
 1305 York Avenue, 8<sup>th</sup> Floor New York, NY 10021  
 Tel: (646) 962-3139 Fax: (646) 962-0050

Please fax this completed form to (646) 962-0050 to complete the scheduling of a Nuclear Cardiology Procedure.

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Patient's Phone#: \_\_\_\_\_  
 Ordering MD: \_\_\_\_\_ Insurance Plan \_\_\_\_\_  
 MD Phone#: \_\_\_\_\_ Insurance ID# \_\_\_\_\_  
 MD Fax#: \_\_\_\_\_ Subscriber: Self Other  
 Authorization# \_\_\_\_\_

**Clinical Information:**

Patient Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**MYOCARDIAL PERFUSION STUDIES**

*Select a procedure:*

- |                                                                 |                                                            |
|-----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Exercise Stress Myocardial Perfusion   | <input type="checkbox"/> Exercise Stress 2-Day Sestamibi   |
| <input type="checkbox"/> Adenosine Stress Myocardial Perfusion  | <input type="checkbox"/> Adenosine Stress 2-Day Sestamibi  |
| <input type="checkbox"/> Dobutamine Stress Myocardial Perfusion | <input type="checkbox"/> Dobutamine Stress 2-day Sestamibi |
| <input type="checkbox"/> Rest-24 Hour Thallium Viability        |                                                            |

*Indication/Diagnosis ICD-9*

- |                                                                                |                                                                                     |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> 411.1 Intermediate Coronary Syndrome                  | <input type="checkbox"/> 786.05 Shortness of Breath                                 |
| <input type="checkbox"/> 412 Old MI                                            | <input type="checkbox"/> 786.50 Chest Pain, Unspecified                             |
| <input type="checkbox"/> 413.9 Angina Pectoris                                 | <input type="checkbox"/> 786.59 Chest Pain, Other (Discomfort, Pressure, Tightness) |
| <input type="checkbox"/> 414.00 CAD (Native or Graft)                          | <input type="checkbox"/> 794.31 Abnormal EKG/ECG                                    |
| <input type="checkbox"/> 414.01 CAD Atherosclerosis of Native or Graft         | <input type="checkbox"/> V45.81 Status Post CABG                                    |
| <input type="checkbox"/> 414.9 Chronic Ischemic Heart Disease, Unspecified     | <input type="checkbox"/> V45.82 Status Post PTCA                                    |
| <input type="checkbox"/> 428.0 Congestive Heart Failure                        | <input type="checkbox"/> Other: _____                                               |
| <input type="checkbox"/> 429.89 Other Ill Defined Heart Disease (Pericarditis) |                                                                                     |

**RNCA/MUGA/GATED BLOOD POOL SCAN**

*Select a procedure:*

- Resting RNCA/MUGA  
 Exercise RNCA/MUGA

*Indication/Diagnosis ICD-9*

- |                                                                                            |                                                                                                                                               |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 428.20* Unspecified Systolic Heart Failure                        | <input type="checkbox"/> V58.11 Encounter for Antineoplastic Chemotherapy                                                                     |
| <input type="checkbox"/> 428.40* Unspecified Combined Systolic and Diastolic Heart Failure | <input type="checkbox"/> V58.12 Encounter for Immunotherapy for Neoplastic Condition<br>(Please indicated ICD-9 Code for neoplasm type _____) |
| *Codes only for defibrillator or biventricular pacemaker evaluation                        | <input type="checkbox"/> V67.2 Follow-up Examination, following Chemotherapy                                                                  |
|                                                                                            | <input type="checkbox"/> V72.85 Other Specified Examination<br>(Test Performed as a baseline study before chemotherapy)                       |

Additional Comments/Requests: \_\_\_\_\_

**Referring Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_