

**Wilson N. Jones Regional Medical Center  
Cardiology Outpatient Testing**

**PHYSICIAN ORDER – OUTPATIENT TESTING**

PLEASE PRINT

Patient Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Diagnosis/Reason for Exam: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 App Date/Time: \_\_\_\_\_

	<b>Ultrasound/ECHO Testing</b>	<b>CPT Code</b>	<b>Diagnosis</b>
	***Radiology Scheduling P# 903-870-3604 F# 903-891-2715		
	P V Pressures Lower Extremity Bilateral Complete	93923	
	P V Pressures Upper Extremity Bilateral Complete	93923	
	Echocardiogram 2D with Colorflow and Spectral Doppler	93306	
	Echocardiogram Congenital Anomalies	93303	
	<b>Stress Test/Cardio</b>	<b>CPT Code</b>	<b>Diagnosis</b>
	***Surgery Scheduling P# 903-870-5511 F# 903-870-4622		
	Cardioversion	92960	
	TEE-Transesophageal Echocardiography	93312	
	ECHO Stress Test	93350	
	Nuclear Stress Test	78452; 93017	
	Treadmill Stress Test	93015	
	Nuclear MUGA Scan	78472	
	<b>Interpreting Physician</b>		
	<b>Respiratory Testing</b>	<b>CPT Code</b>	<b>Diagnosis</b>
	***Respiratory Services P# 903-870-5583 F# 903-891-2715		
	PFT Basic	94010	
	PFT DLCO - Diffusions	94726; 94729	
	PFT Pre-Post Bronchodilator	94060	
	Holter Monitor 24 Hours	93226	
	<b>Interpreting Physician</b>		
	<b>Neurodiagnostics</b>	<b>CPT Code</b>	
	***Respiratory Services P# 903-870-5583 F# 903-891-2715		
	EEG-Electroencephalogram	95816	
	<b>Interpreting Physician</b>		

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Form CD-025, Rev. 05/15 **PHYSICIAN ORDER-  
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