

## HEART AND VASCULAR PHYSICIAN ORDERS OUT-PATIENT



Call Heart and Vascular at 384–1900, ext. #4470 or 4472, to make an appointment.
When completed, please fax this order to Heart and Vascular
@ 912–383–5664

@912-383-5664					
	INSURANCE / PRE-	CERT INFO:			
Ins. Co. Name:	Phone #:				
Ins. Rep. Name:	Date:				
Pre-cert #:		Time:			
Patient Name:		Date of Test:		Time:	
Birthdate:	Sex: □ M :□ F	Pt. Tel. #:			
DX:	Hgt. in In	ches:	Wgt. in kg's: _	Race:	
Cardiology	exams				
EKG: (CPT #: 93005)					
☐ Routine EKG					
☐ Pre-op EKG					
EXT ECG RECORDING 3-14	DAYS CARDIO KEY				
☐ 3-7 DAYS					
☐ 8-14 DAYS					
☐ REMOTE 30 DAY ECG RE	V/REPORT EVENT/MCOT				
☐ HOLTER MONITOR UP TO	48 HOURS				
Clinical Data / Instructions:					
Physician Signature		Date/Time			
All Out-Patients should report to Rosheet with them. This order is only	good for date / time stated. If una	ble to make this a	opointment,		
please call the number above Out-	Patient hours are Monday throug	h Friday 7:00am t	o 5:00 nm		

Physician Offices— For the most updated form please visit www.coffeeregional.org and print from the "For Our Physicians" link.



