

Geetha M. Reddy, M.D. F.A.C.C.

Cardiovascular Diagnostic Testing Order Form

NAME: _____ DATE OF BIRTH: _____	ORDERING PROVIDER SIGNATURE
PT PHONE: _____	CARDIOLOGIST: GEETHA M. REDDY M.D.
PRIMARY CARE DOCTOR: _____	
PATIENT CURRENT HEIGHT _____ PATIENT CURRENT WT: _____ LBS	
*TREADMILLS -350LBS WEIGHT LIMIT FOR SAFETY *MYOVUE SCAN -320LBS WEIGHT LIMIT	

Please make check below ☒	CODE	DIAGNOSIS
	I48.91	Atrial Fibrillation
	R00.1	Bradycardia
	I48.9	Cardiac Arrhythmia
	R00.2	Palpitations
	R55	Syncope
	R00.0	Tachycardia
	R07.89	Chest Pain
	R06.02	Shortness of Breath
	I25.10	Coronary Artery Disease
	R94.31	Abnormal ECG
	Z01.818	Pre-op (provide surgical diagnosis)
	I35.9	Aortic Valve Disorder
	I34.8	Mitral Valve Disorder
	I25.5	Cardiomyopathy
	I51.7	Cardiomegaly
	Z95.2	Valve Replacement
	I10	Hypertension
	R09.89	Carotic Bruit
	R42	Dizziness
	Z86.73	TIA
	I73.9	Claudication/PVD
		Other - Please write below

Cardiac & Vascular Diagnostic Testing Requested:

- ☐ ECG: Electrocardiogram
- ☐ **HOLTER MONITOR:** 24 Hour heart monitor
- ☐ **STRESS TEST:** Exercise treadmill, standard, no imaging
- ☐ **STRESS MYOVUE:** Exercise treadmill, with Nuclear Scan imaging
- ☐ **STRESS ECHO:** Exercise treadmill with echocardiographic imaging
- ☐ **2D ECHO:** Cardiac Ultrasound at rest
- ☐ **ULTRASOUND:** Ultrasound of Carotid Arteries

PLEASE CALL FOR APPOINTMENT (847)816-3703

FAX ORDER, INSURANCE CARD, AND OFFICE NOTE TO OBTAIN PRECERT TO: (847)816-4534
ATT: TESTING COORDINATOR ***IF ANY QUESTIONS PLEASE CALL OFFICE MANAGER*******

1880 W. Winchester Rd., Ste 207
Libertyville, IL 60048

103 S. Greenleaf, Ste J
Gurnee, IL 60031
Phone: (847) 816-3703 Fax: (847) 816-4534

3021 Falling Waters Blvd, Ste C
Lindenhurst, IL 60046

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