

# EPI SCHEDULE FORM

3433 Agler Road, Suite 2400 • Columbus, Ohio 43219 • Phone (614) 428-5553 • Fax (614) 428-5515  
 777 W. State Street, Suite 306 • Columbus, Ohio 43222 • Phone (614) 228-0491 • Fax (614) 228-1089

<b>DATE ORDERED:</b> _____	<b>ORDERING PHYSICIAN:</b> _____
<b>CONTACT PERSON:</b> _____	<b>PHYSICIAN'S SIGNATURE:</b> _____
<b>OFFICE PHONE #:</b> _____	
<b>OFFICE FAX #:</b> _____	<b>(Required for diagnostic testing only)</b>
<b>PATIENT NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>HOME PHONE:</b> _____	<b>WORK PHONE:</b> _____

**PATIENT'S WEIGHT:** \_\_\_\_\_ **PATIENT'S HEIGHT:** \_\_\_\_\_ **PATIENT'S BLOOD PRESSURE** \_\_\_\_\_

TYPE OF APPOINTMENT	LOCATION	ICD-9 CODE	DIAGNOSIS/REASON FOR APPOINTMENT
<input type="checkbox"/> Office visit – New Patient <input type="checkbox"/> 1 <sup>st</sup> available physician <input type="checkbox"/> Dr. Guinn <input type="checkbox"/> Dr. Cooke  <input type="checkbox"/> Office visit – Patient known <input type="checkbox"/> to Dr. Guinn <input type="checkbox"/> to Dr. Cooke	<input type="checkbox"/> 3433 Agler Road Office  <input type="checkbox"/> 777 W. State Street Office	Not Required	

TYPE OF TEST	LOCATION	ICD-9 CODE	DIAGNOSIS
<input type="checkbox"/> 24 hour Holter monitor  <input type="checkbox"/> 48 hour Holter monitor	<input type="checkbox"/> 3433 Agler Road Office  <input type="checkbox"/> 777 W. State Street Office	780.2 780.4 427.0 427.31 427.61 427.69 435.9	Syncope/Collapse Dizziness Paroxysmal Supraventricular Tachycardia Atrial Fibrillation Supraventricular Premature Beats Ventricular Premature Beats Unspecific Transient Cerebral Ischemia (TIA)

TYPE OF TEST/CPT CODES	ICD-9 CODE	DIAGNOSIS
<input type="checkbox"/> Exercise Stress Test <input type="checkbox"/> Treadmill Myocardial Perfusion (78465, 78478, 78480, J0152) <input type="checkbox"/> Adenosine Myocardial Perfusion (78465, 78478, 78480, A9500, J0152) <input type="checkbox"/> Exercise Stress Echo (93350, 93320, 93325)	786.51 786.59 413.9 429.3 V72.81 Other	Precordial Chest Pain Chest Pressure or Tightness Other and Unspec. Angina Pectoris Cardiomegaly Pre-Op Evaluation w/High-Risk Factors

TYPE OF TEST/CPT CODES	ICD-9 CODE	DIAGNOSIS
<input type="checkbox"/> Echocardiogram (93306) Known valve disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	785.2 786.05 424.0 425.4 435.9 Other:	Heart murmur Shortness of breath, Respiratory distress Valve Disorder - Mitral Other primary Cardiomyopathies Unspec Transient Cerebral Ischemia (TIA)

**If a referral is needed, please provide the information below or fax the appropriate authorization form. Please submit any necessary documentation to further support the requested testing (EKG, office and or hospital notes, etc.)**

**Insurance name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Referral number:** \_\_\_\_\_ **Date Range:** \_\_\_\_\_ **Number of visits** \_\_\_\_\_

**Is patient currently having symptoms?**    Yes    No                      **When did the symptom start?** \_\_\_\_\_

**Was an EKG performed?**    Yes    No                      **Date of EKG:** \_\_\_\_\_                      **Result of EKG:**    Normal    Abnormal

**Does patient have any of the following risk factors (circle all that apply)?**    Diabetes    Hypertension    Hyperlipidemia    Tobacco use    Sleep apnea

**Family hx of heart disease    History of PVD    History of renal failure**

**Has patient had prior heart surgery (circle all that apply)?**    Angioplasty    Bypass    Stent placement    Valve replacement

**Patient Appointment/Test Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_