

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

DATE ORDERED: _____	ORDERING PHYSICIAN: _____
CONTACT PERSON: _____	PHYSICIAN'S
OFFICE PHONE #: _____	SIGNATURE: _____
OFFICE FAX #: _____	(Required for diagnostic testing only)

PATIENT NAME: _____	DATE OF BIRTH: _____
HOME PHONE: _____	WORK PHONE: _____
MEDICATIONS (or fax current medication list): _____	

MEDICATION TO BE HELD PRIOR TO TEST (Required for diagnostic testing only) _____

IS PATIENT DIABETIC? . Yes . No **INSULIN DEPENDENT?** . Yes . No
PATIENT'S WEIGHT: _____ **DRUG ALLERGIES:** _____

If a referral is needed, please provide the information below or fax the appropriate form.

Insurance name: _____ **Policy Number:** _____
Referral number: _____ **Date Range:** _____ **Number of visits** _____

TYPE OF APPOINTMENT	LOCATION	CODE	DIAGNOSIS/REASON FOR APPOINTMENT
Office visit – New Patient	3433 Agler Road Office	Not Required	
Office visit – Patient known to Dr. Guinn	777 W. State Street Office		

TYPE OF TEST	LOCATION	CODE	DIAGNOSIS
24 hour Holter monitor	3433 Agler Road Office	780.2	Syncope/Collapse
48 hour Holter monitor		780.4	Dizziness
Event Recorder *Not a Medicare allowed diagnosis code for Event Recorder	777 W. State Street Office	427.0	Paroxysmal Supraventricular Tachycardia
		427.31	Atrial Fibrillation
		427.61	Supraventricular Premature Beats
		427.69	Ventricular Premature Beats
		*435.9	Unspecific Transient Cerebral Ischemia (TIA)

TYPE OF TEST	LOCATION	CODE	DIAGNOSIS
Exercise Stress Test	3433 Agler Road Office	786.51	Precordial pain
Exercise Stress Cardiolyte		786.59	Pressure in chest
Adenosine Stress Cardiolyte		413.9	Other and Unspec. Angina Pectoris
Exercise Stress Echo	MCMC	*429.3	Cardiomegaly
* Not a Medicare allowed diagnosis Code for Stress Echo.		V72.81	Pre-Op Evaluation w/High-Risk Factors
		Other	

TYPE OF TEST	LOCATION	CODE	DIAGNOSIS
Echocardiogram Known valve disease? Yes, No	MCE	785.2	Heart murmur
		786.05	Shortness of breath, Respiratory distress
	St. Ann's Doctor's	424.0	Valve Disorders
		425.4	Other primary cardiomyopathies
		435.9	Unspec Transient Cerebral Ischemia (TIA)
		Other:	

Patient Appointment/Test Date: _____

Patient Appointment/Test Arrival Time: _____

4.20.06

. Fax'd . Called on _____ date