

PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	DATE OF BIRTH
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CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_

\_\_\_\_\_ ICD-10: \_\_\_\_\_

PHYSICIAN SIGNATURE (REQUIRED)	PHYSICIAN NAME (PRINTED OR STAMPED)
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PHYSICIAN ADDRESS

**PATIENTS:**  
CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

**CARDIAC CT**

- 75574 - CT CORONARY ANGIOGRAPHY\*

**FFR-CT**

**If needed, due to borderline obstructive disease:**

- 0501T - CT FRACTIONAL FLOW RESERVE

**Reason for ordering this exam:**

- Suspected CAD with symptoms (I25.118)
- Chest pain (R07.9) Shortness of breath (R06.02)
- Abnormal result of cardiovascular function study (R94.39)
- Congenital heart disease (Q24.9)
- R07.2 Precordial pain
- R07.82 Intercostal pain
- R07.89 Other Chest pain
- Other Clinical Indications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRE-AUTH CLINICAL INDICATION(S) \***

**If symptomatic, please answer the following:**

- |  |                          |
|--|--------------------------|
| Substernal chest pain?                             | YES                      |
| Arm pain?  | <input type="checkbox"/> |
| Jaw pain?  | <input type="checkbox"/> |
| Shortness of breath?                               | <input type="checkbox"/> |
| Is pain relieved with nitroglycerin or rest?       | <input type="checkbox"/> |
| Does the pain wake the patient from sleep?         | <input type="checkbox"/> |
| Does the pain worsen with inspiration?             | <input type="checkbox"/> |
| Does the pain occur at rest?                       | <input type="checkbox"/> |
| Is pain brought on by exercise/emotional distress? | <input type="checkbox"/> |

**CONTRAINDICATIONS FOR CORONARY CTA**

**Does the patient have any of the following?**

- |   |                          |
|---|--------------------------|
| Atrial fibrillation                               | YES                      |
| Multifocal Atrial Tachycardia (MAT)               | <input type="checkbox"/> |
| Inability to obtain heart rate < 65 beats per min | <input type="checkbox"/> |
| Does the patient have a Pacemaker/ICD?            | <input type="checkbox"/> |
| Normal Catheterization < 1 year ago               | <input type="checkbox"/> |
| Calcium Score > 1000                              | <input type="checkbox"/> |
| Renal insufficiency                               | <input type="checkbox"/> |
| Inability to hold breath > 8 seconds              | <input type="checkbox"/> |
| Inability to lie flat                             | <input type="checkbox"/> |

# ZWANGER-PESIRI RADIOLOGY

