ECHO LAB ORDER FORM

Patient Name: _____ Patient Phone Number: _____

Address: _____ DOB: _____

MRN: _____ Physician: _____ Date of Service: _____

Office contact person: _____ Phone Number: _____

Please make sure that all order requirements are met before sending order or scheduling patients.

ORDER FORM REQUIREMENTS

- ☐ Patient and physician information is clearly legible
- ☐ Test type and diagnosis are clearly selected
- ☐ Attach your most recent clinic notes, to help us better serve your patient.
- ☐ Make sure that TKC ECHO prep instructions are given to the patient.
- ☐ Email this order form to Medicine Scheduling at domoutsideorders@uabmc.edu or fax to 205-801-8107.
- ☐ Schedule the patient via Medicine Scheduling by calling 205-801-5655.

TEST TYPE	DIAGNOSIS
☐ 2D Echocardiogram ☐ 2D Echocardiogram w/Bubble study ☐ 2D Echocardiogram w/ 3D ☐ Dobutamine Stress Echocardiogram ☐ Treadmill Stress Echocardiogram ☐ TEE (Transesophageal Echocardiogram) [205-996-7503 for scheduling]	☐ Atrial Fibrillation 427.31 ☐ Acute MI 410.90 ☐ CV Disease 429.2 ☐ Chest Pain 428.0 ☐ CHF 786.59 ☐ Palpitation 785.1 ☐ Atrial Flutter 427.32 ☐ Unspecified Conduction Disorder 426.9 ☐ Cardiac Dysrhythmia, Unspecified 427.9 ☐ Heart Transplant V42.1 ☐ Hyperkalemia 276.7 ☐ Premature Beats 427.60 ☐ Hypertension, Benign 401.1 ☐ Unstable Angina 411.1 ☐ Other: _____

NOTICE: For the clinic to bill properly and receive payment for tests you have ordered, it is critical that the diagnosis you provide is consistent with the information recorded in the patient's medical record. The Department of Health and Human Services requires that all tests ordered for Medicare beneficiaries be reasonable and necessary. If the diagnosis you provide does not support the medical necessity of the test ordered under Medicare program standards, Medicare will deny payment, and the beneficiary may be financially responsible for the test.

SERVICES TO BE CHARGED TO:

Insurance: ☐ Yes ☐ No
Clinical Trial: ☐ Yes ☐ No
Case: ☐ Yes ☐ No

_____ _____

Physician/Provider Signature Date