



Patient Information (Required for Scheduling)

Patient Name: _____ DOB: _____ Sex: M F SS#: XXX-XX-_____
First & Last Name

Patient's Address: _____
Street City State Zip Code

Home Phone #: _____ Mobile Phone #: _____ Email Address: _____

Primary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

Secondary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

Order Information - Cardiac Catheterization Lab

Diagnosis: _____ ICD-CM Code: _____

Test/Service: _____ CPT Code: _____

Allergies: _____

OUTPATIENT ORDERS - Circle all order numbers to be carried out.

1. Send patient to radiology for chest x-ray.
2. Send patient to laboratory for CBC and Basic Metabolic.
3. Send patient to 1200.
4. Additional orders: _____

Date of Procedure: _____

1. NPO after _____
2. If patient is insulin dependent diabetic or on oral hypoglycemic agents, hold in AM on day of procedure. Notify Cath lab if currently taking Glucophage.
3. Continue all other medications with a sip of water unless otherwise instructed.
4. For same day arrival, notify Cardiovascular Lab when patient arrives.
5. Clip and prep _____ wrist and/or groin umbilicus to knee, midline to bed line. (For inpatients, do prior to 9:00pm the evening before procedure; for outpatients and AM admissions do as soon as possible after patient arrives.)
6. At 7:00 am on day of procedure (or as soon as possible for outpatient and AM admission), start IV in left forearm or hand with 20 gauge or larger angiocath; begin infusion of _____ at _____.
7. Dress patient in patient gown only. Patient may wear glasses, dentures and rings; remove all other jewelry. Patient should wear hearing aid if he or she uses one.
8. Send current chart, history & physical, stress test and medication list.
9. Have the following results on chart: Base Metabolic, CBC, Chest X-ray, copy of EKG, and measured height and weight. If unavailable, contact catheterization physician for orders. If repeat Basic Metabolic and/or CBC is ordered prior to catheterization, post results on chart and notify catheterization physician as soon as possible of any abnormal results.
10. Have patient void immediately prior to leaving for catheterization procedure.
11. Cardiovascular Lab will call for patient.
12. Provide patient with cardiac catheterization education.
13. Additional orders: _____

Referring Physician Information

Physician Name (first & last): _____ NPI#: _____ GA License #: _____

Physician Address: _____ Phone #: _____ Fax #: _____

I hereby certify that the services indicated in the above order form are medically necessary.

Physician Signature: _____ Date: _____ Time: _____