



# Radiology Exams Ordered on Separate Form

2018 Clinch Avenue, Knoxville, TN 37916

Please register in Admitting Monday-Friday 6 a.m. - 9 p.m.

Sat. & Sun. 8 a.m. - 4 p.m.; After Admitting closes, please register in the ER.

## Cardio, Pulmonology, Neurology Services

Patient's last name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_ DOB \_\_\_\_\_

Allergies: \_\_\_\_\_ Meds: \_\_\_\_\_

Reason for the test: \_\_\_\_\_

STAT  Call to: \_\_\_\_\_

Consult for sedation/anesthesia based on patient screening characteristics

Provider - Please print: \_\_\_\_\_

Signed: Ordering Provider: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Precert #: \_\_\_\_\_

Precert #: \_\_\_\_\_

<b>Neurology Laboratory:</b> Call 541-8108 to schedule / Fax 541-8675	
BAER - Brainstem Auditory Evoked Response (BAER)	
EEG - Ambulatory (24 Hour) with video	
EEG - Awake & Asleep	
EEG - Awake Only	
EEG - Long term monitoring with video	
6 hour (outpatient)	
23 hour (inpatient) *requires privileges *rounding	
EMG - Electromyography *call CNS to schedule	
ERG - Electroretinography	
NCV - Nerve Conduction Velocity *call CNS to schedule	
SEP - Somatosensory Evoked Response	
Upper extremities	
Lower extremities	
VER - Visual Evoked Response	
<b>Echocardiogram: Suite 410, Koppel Plaza</b> Call 541-8989 to schedule/Fax to 541-8289	
Echo Lab: Register in Koppel Plaza, Suite 410 (map on back) unless otherwise instructed.	
Height: _____ cm	Weight: _____ kg
Blood Pressure: _____ / _____	
Heart Rate: _____	
Exam Date/Time: _____	
Patient History/Reason for procedure: _____	
Echo Code 93303: All patients with known Congenital Heart Disease	
Echo Code 93306: All others patients sent for evaluation	

<b>EKG: No Appt. Necessary – for information, call 541-8729</b>	
Register in Main Hospital Lobby. Test will be performed in the PFT Lab.	
<b>Cardioversion in sedation suite</b>	
<b>Pulmonary Function Laboratory:</b> Call 541-8113 to schedule / Fax 541-8289	
Blood Gas	
CBG	_____
VBG	_____
ABG	_____
Cardiopulmonary Stress Test 93017	
Complete Pulmonary Function - Includes:	
Flow Volume Loop with pre & post Bronchodilators 94060	
Lung Volume 94726	
Slow Vital Capacity	
DLCO - Diffusion Study 94729	
Exercise Stress Test 94620	
Indirect Calorimetry 94690	
Methacholine Challenge 94070	
Other - Please Specify:	
Pre & Post Bronchodilatory Spirometry - Includes: 94060	
Slow Vital + Bronchodilator	
Simple Spirometry - Includes: 94010	
Flow Volume Loop	
Slow Vital Capacity	
Proc 44200 - HAST w/Report - 94452	
Proc 44205 - HAST w/Oxygen Titrate - 94453	
Proc 56144 - Pulmonary Stress Test Complete - 94621	
Proc 44047 - EKG - 93005	