



1760 E. Pecos Rd., Suite 101
 Gilbert, Arizona 85295
 Phone 480-553-8999
 Fax 480-553-8989
 www.marquisdiagnosticimaging.com

2830 N. 3rd St
 Phoenix, Arizona 85004
 Phone 602-274-1919
 Fax 602-274-0804
 Tax ID # 27-0550187

WE PROVIDE AUTHORIZATIONS
 ✓ Insurance Card / Clinical Notes
 Please fax STATS directly to the
 center of your choice
Auth Fax: 602-264-2558

CARDIOLOGY REFERRAL FORM

PATIENT INFORMATION

PATIENT NAME _____ DOB _____ DATE _____

PATIENT HOME PHONE _____ CELL _____

PLEASE SCHEDULE WITH PATIENT PATIENT TO CALL

Possibly Pregnant? Yes No Allergic to IV Contrast? Yes No _____

INSURANCE: _____ INS. AUTH.: _____

REASON FOR STUDY/INDICATION _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____ Physician Signature (required) _____

Phone # _____ Fax: _____ After hrs. phone: _____

STAT FAX # _____ Send CD with patient Deliver CD FILMS (please circle)

STAT CALL # _____ Send FILM with patient Comparison of previous study required

CC Report to: _____ Location _____

HEART - CTA	HEAD & NECK - CTA	AORTA - CTA
<input type="checkbox"/> Coronary Calcium Score – 75571 CTA <input type="checkbox"/> Coronary Arteries – 75574 <input type="checkbox"/> Coronary Arteries with Prior Bypass Surgery – 75574 <input type="checkbox"/> Cardiac for Pre EP/Ablation Mapping/ Left Atrium Study – 75572 <input type="checkbox"/> Congenital Heart Disease – 75573 <input type="checkbox"/> Ultrasound biopsy	<input type="checkbox"/> Head/Circle of Willis – 70496 <input type="checkbox"/> Add brain perfusion <input type="checkbox"/> Cerebral Venography – 70496 <input type="checkbox"/> Neck/Carotid – 70498 <hr style="border: 1px solid white;"/> <p style="text-align: center; background-color: #4a69bd; color: white; margin: 0;">EXTREMITY – CTA</p> <input type="checkbox"/> Iliofemoral Leg Runoffs – 75635	<input type="checkbox"/> Thoracic (non-gated) – 71275 <input type="checkbox"/> Add non-contrast scan <input type="checkbox"/> ECG – gated evaluation of Aortic Root/Ascending – 71275 <input type="checkbox"/> Add non-contrast scan <input type="checkbox"/> Thoracic with additional ECG-gated evaluation of Aortic Root – 71275 <input type="checkbox"/> Abdominal – 74175 [] Renal [] Mesenteric <input type="checkbox"/> Abdominal Aorta with Leg Runoffs – 75635 <input type="checkbox"/> Abdominal and Iliac with ELG Planning for AAA – 74175/72191/G0288 <input type="checkbox"/> Evaluation of Endo Leak: (Please specify location of Endoluminal Graft) _____ _____
PELVIS ONLY - CTA	PE STUDY – CTA	
<input type="checkbox"/> Pelvic/Iliac – 72191	<input type="checkbox"/> Chest/Pulmonary – 71275	
OTHER EXAMS		
<input type="checkbox"/> Other _____		<input type="checkbox"/> CT (Other CTA) _____

Patient Prep Instructions:

- ✓ Patient must drink at least 32oz of clear fluids starting 4 hours prior to exam. No food 4 hours prior to exam.
- ✓ Coronary CTA Studies: 50 mg of metoprolol morning and evening on the day before exam, and 50 mg metoprolol 2 hours prior to exam. This is prescribed by referring physician, and is needed to obtain best results and lowest radiation dose. The target heart rate for the exam is 60 bpm.