

Request for Cardiac Testing/Cardiac Monitor

*This form is for a cardiac test or monitor only. This does not include a referral to see the Cardiologist. Please send completed form along with a copy of the patient's demographics, authorization, and clinic note by fax to **(415) 353-8675**.*

For additional Cardiology services, please contact the Pediatric Heart Center at (415) 353-2008.

Date of Referral	____ / ____ / ____	Referral Information	
Patient Name	_____	Referring MD	_____
Date of Birth	____ / ____ / ____	Specialty	_____
Patient Contact Info		Submitting Office Contact	
Address	_____	Name	_____
Home	(____) _____ - _____	Organization	_____
Mobile	(____) _____ - _____	Phone	(____) _____ - _____
		Fax	(____) _____ - _____
Indication for Referral		Insurance	
ICD-10	_____	Preauth Required?	_____
Diagnosis	_____	Preauthorization #	_____

Please check the box of the requested test and/or monitor:

Cardiac Testing:

- Echocardiogram** - CPTs 93306, 93303, 93320, 93325
- Electrocardiogram (EKG-15 Lead)** - CPTs 93005, 93010
- Exercise Testing** (select preference below)
CPTs 93016, 93017, 93018, 94681, 94060, 94010, 93350, 93351
 - Bicycle or Treadmill Stress ECG
 - Stress ECG with Echo
 - Cardiopulmonary Exercise Test (CPET/VO2)

Cardiac Monitors:

- Ziopatch** - CPTs 0296T, 0297T, 0298T
- Holter** - CPTs 93225, 93226, 93227
- LifeWatch Event Monitor** (select preference below)
CPTs 93229, 93228, 93270, 93271, 93272, 93225, 93226, 93227
 - MicroER (non-looping, no electrodes/wires) - REQUIRES ACCESS TO LANDLINE
 - ACT-Ex (looping with electrodes/wires)

Our lab will call the family to schedule the appointment and provide the family with instructions. You are welcome to visit our website for additional information:

https://www.ucsfbenioffchildrens.org/clinics/pediatric_and_congenital_cardiopulmonary_exercise_laboratory/

Please feel free to contact us with any questions or concerns. Thank you for your referral!