



ORDER FOR OUTPATIENT- ANCILLARY
To Schedule call 858-4090
Fax to 350-3862

Appt date/time

Facility where service to be provided: _____

Patient full name (Last, first, middle initial) _____ DOB ____/____/____

Signs and symptoms: _____ SS#: ____-____-____

ICD9 required _____ Gender M _____ F _____

Independent Practitioner-MD/DO, PA, ARNP (printed name) _____

Independent Practitioner signature (no stamped signature) _____ Date & time order written ____/____/____

Requisition completed by: _____ Date & time order written ____/____/____

Comments or special instructions: _____

STAT Call results to _____ Fax results to _____

CARDIAC PULMONARY REHAB	ICD-9 CODE	EP LAB	ICD-9 CODE	NON-INVASIVE VASCULAR LAB	ICD-9 CODE
Phase II (Monitored Exercise Sessions)		ASD Closure (<i>VCH-SF Only</i>)		Arterial Study of Fingers	
Pulmonary Rehab		BIV ICD/ PPM <i>circle one</i>		Lower Extremities - Arterial	
REHABILITATION SERVICES		Implant/ Battery change/ Upgrade <i>circle one</i>		Penile Artery	
1. <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric		ICD/ PPM <i>circle one</i>		Upper Extremities - Arterial	
2. <input type="checkbox"/> Evaluation & Treatment		Implant/ Battery change/ Upgrade <i>circle one</i>		Other	
3. (Select all that apply)		DCCV / Cardioversion		COLOR DUPLEX IMAGING	
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Audiology		EP Study / Ablation (<i>VCH-SF Only</i>)		Carotid Arteries	
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech therapy		Lead Extraction (<i>VCH-SF Only</i>)		Lower Extremities - Arterial	
<input type="checkbox"/> Other _____ <input type="checkbox"/> Lymphedema		NIPS		Lower Extremities - Venous	
DIETITIAN CONSULT		Anesthesia Yes No <i>circle one</i>		Upper Extremities - Arterial	
Assess/Educate: _____		Tilt Table Study		Upper Extremities - Venous	
Follow-up Visits: <input type="checkbox"/> One <input type="checkbox"/> Two		Other: _____		Other: _____	
<input type="checkbox"/> Three <input type="checkbox"/> As Needed		HEART CATH LAB		NUCLEAR CARDIOLOGY	
Laboratory Results: <input type="checkbox"/> Mailed <input type="checkbox"/> Phoned		Heart Catheterization L R Both		Myocardial Perfusion Scan with Drug	
<input type="checkbox"/> With Patient <input type="checkbox"/> Not Applicable		PCI		Myocardial Perfusion Scan with Exercise	
NEURODIAGNOSTICS (excludes VCH-H)		Pericardiocentesis		Viability Study	
(The following also offered at VCRH, VCH-ST)		Biopsy		Resting RVG / MUGA	
Continuous EEG (<i>VCH-SF only</i>)		IVC Filter Placement		Other: _____	
EEG		Other: _____		RESPIRATORY CARE	
EMG		HEART STATION		ABG on ____ RA ____ FIO2	
NCT		Signal Average ECG		Spirometry (Pre + Post)	
Video EEG (<i>VCH-SF only</i>)		ECG/EKG		Complete PFT	
Other: _____		Echocardiogram (includes Doppler)		Diffusion	
(Evoked potentials and Ambulatory EEG also offered at VCRH)		Stress ECG (Treadmill)		Oximetry	
OTHER		Stress Echocardiogram with Drug		To determine O2 requirements	
		Stress Echocardiogram with Exercise		To quality for Home O2	
		TEE		Spot Oximetry	
		24 HR ECG (Holter Monitor)		Aerosol Tx	
		Other: _____		Med + Dose:	
				Frequency:	
				Indirect Calorimetry (<i>VCH-SF Only</i>)	
				Methacholine Challenge (<i>VCH-SF Only</i>)	
				Pulmonary Stress Test (<i>VCH-SF Only</i>)	
				Other: _____	

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