



Phone: (951)-500-2272 FAX: 1-800-564-5943

Email: scheduling@clarityccta.com

Ordering Physician:

Name: _____

Phone: () _____

Fax: () _____

Email: _____

x _____

Physician Signature [required for Medicare/Insurance Beneficiaries]

Patient Information:

Name: _____

Phone: () _____

Birth Date: / / Age: ☐ Male ☐ Female

Insurance: _____

Authorization: _____

Date of Request: _____

REPORT PREFERENCE: ☐ Fax ☐ E-Mail

ADVANCED LOW DOSE CT ORDER REQUISITION

CABG # of Vessels: _____ Stent # and Vessels: _____ Creatinine: _____ Date: _____

Chief Complaint: _____

Diagnosis to be ruled out: _____

Before CCTA

Need:
Creatinine Results from last 3 weeks;
Creatinine tests available on board

Comments/Notes: _____

May need:
Prescription of 25-50mg Metoprolol;
To be taken day before administering CCTA

Relevant ICD-10 (if known): _____

Select Procedures:

- ☐ 75571 Coronary Artery Calcium
- ☐ 75574 Coronary Angiography CTA Wall Motion
- ☐ 77078 Bone Density
- ☐ 82565 Creatinine; blood work

- ☐ I10 Essential (primary) Hypertension
- ☐ I25.10 Atherosclerotic Heart Disease of a Native Coronary Artery Without Angina Pectoris
- ☐ I25.110 Atherosclerotic Heart Disease of Native Coronary Artery With Unstable Angina Pectoris
- ☐ I25.111 Atherosclerotic Heart Disease of the Native Coronary Artery With Angina Pectoris With Documented Spasm
- ☐ I25.112 Atherosclerotic Heart Disease of Native Coronary Artery With Refractory Angina Pectoris
- ☐ I25.118 Atherosclerotic Heart Disease of Native Coronary Artery With Other Forms of Angina Pectoris
- ☐ I25.119 Atherosclerotic Heart Disease of Native Coronary Artery With Unspecified Angina Pectoris
- ☐ I50.23 Chronic Diastolic Heart Failure
- ☐ I50.22 Chronic Systolic Heart Failure
- ☐ I70.0 Atherosclerosis of Aorta
- ☐ I71.20 Thoracic Aortic Aneurysm, Without Rupture
- ☐ R06.02 Shortness of Breath
- ☐ R07.9 Chest Pain, Unspecified
- ☐ Z13.6 Encounter for Screening for Cardiovascular Disorders