Practice Location	Ordering Physician	Date

Patient Name	Insurance ☐ Government (Medicare, etc) ☐ Commercial	DOB

Appt Date	Tech	Date of Last Exam (circle) 6 mos. 12 mos. 18 mos. 24 mos.

Risk Factors: (please circle) Diabetes, NOS 250.00 | Diabetes w/ PAD 250.70 | Hyperlipidemia 272.4 | Morbid Obesity 279.0* | Tobacco Abuse 305.1 | Suspected Cardiovascular Disease V71.7

cardiac

HEART DISEASE		
	277.30	Amylodosis
	279.00	Obesity
RHEUMATIC HEART DISEASE		
	391.9	Acute Rheumatic Heart Disease
	394.0	Mitral Stenosis
	394.2	Mitral Stenosis w/insufficiency
	394.9	Mitral Valve Disease, other, unspecified
	396.9	Mitral & Aortic Valve Disease
HYPERTENSION		
	401.0	Essential Hypertension, malignant
	401.1	Essential Hypertension, benign
	402.01	Hypertensive Heart Disease w/ failure, Malignant
	402.90	Hypertensive Heart Disease w/o failure, unspecified
	405.01	Malignant Renovascular Hypertension
	405.19	Benign Essential Hypertension
ISCHEMIC HEART DISEASE		
	412	Old Myocardial Infarction
	413.0	Angina Decubitus
	414.00	Coronary Atherosclerosis, Unspecified Vessel, native or graft
	414.1*	Aneurysm of Heart (wall)
ENDO or MYOCARDITIS, DYSRHYTHMIAS		
	423.9	Disease Pericardium
	424.1	Aortic Valve Disorder
	425.0	Cardiomyopathy
	425.4	Cardiomyopathy, NOS
	426.3	Left Bundle Branch Block, NOS
	426.4	Right Bundle Branch Block
	427.2	Paroxysmal Tachycardia
	427.31	Atrial Fibrillation
	428.0	Congestive Heart Failure, unspecified
	428.3	Diastolic Heart Failure
	428.9	Heart Failure, unspecified
	429.9	Heart Disease, unspecified *(Diastolic Dysfunction)*
DISEASE OF ARTERIES AND VEINS		
	440.2*	Atherosclerosis of Ext., unspecified
	441.9	Aortic Aneurysm w/o rupture
	458.0	Orthostatic hypotension
	458.9	Hypotension, unspecified
CONGENITAL ANOMALIES OF HEART		
	746.4	Congenital insufficiency Arotic Valve
	746.9	Congenital Anomaly of Heart
SYMPTOMS & COMPLICATIONS		
	780.20	Syncope and collapse
	785.0	Tachycardia, unspecified
	785.1	Palpitations
	785.2	Cardiac Murmurs
	786.50	Chest Pain, Unspecified
	786.52	Pleuritic Chest Pain
	786.59	Chest tightening, pressure, discomfort
	786.05	Shortness of Breath
	793.00	Abnormal X-Ray
	794.31	Abnormal EKG

Check One

	Echo (Ped)	*45 minutes*	93306
	Echo (Athletic)	*15 minutes*	Self Pay—Insurance Doesn't Pay
	IMT	*15 minutes*	Self Pay—Insurance Doesn't Pay

*** = specify 5th digit**

REMINDER

FAX TO SONONET
(816) 581-2086

Requisition Forms
Patient Insurance Card
Demographic Information

NOTES:

PED042011

SonoNet

901 W 43rd Street
Kansas City, MO 64111
(816) 569-2200 *office*
(816) 581-2086 *fax*

www.sononet.us

Provider Signature - *(Required)*