



Radiology Exams Ordered on Separate Form

2018 W Clinch Avenue, Knoxville, TN 37916

Parking Garage A, B or C

Cardio Pulmonology Service

Patient's last name _____ First name _____ Initial _____ DOB _____

Allergies: _____

Meds: _____

Reason for the test: _____

STAT Call to: _____ **Consult for sedation/anesthesia based on patient screening characteristics**

Provider – Please print: _____

Signed: Ordering Provider: _____ Date/Time: _____

Primary Insurance: _____ Secondary Insurance: _____

ID/ Policy #: _____ ID/ Policy #: _____

Precert #: _____ Precert #: _____

ECHOCARDIOGRAM:			
Echo Lab: Register in South Tower, 2 nd Floor Cardiology Office Call (865) 522-0420 to schedule / Fax (865) 246-7564			
Height:	cm	Weight:	kg
Blood Pressure:	/		
Heart Rate:			
Exam Date / Time:			
Patient History / Reason for procedure:			
Echo Code 93303 : All patients with known Congenital Heart Disease			
Echo Code 93306 : All other patients sent for evaluation			

PULMONARY FUNCTION LABORATORY:	
Please register on 1 st floor of South Tower Call (865) 541-8113 to schedule / Fax (865) 246-7560	
<input type="checkbox"/>	6-Minute Walk Test
<input type="checkbox"/>	PETT with EKG
<input type="checkbox"/>	PETT without EKG
<input type="checkbox"/>	Complete Pulmonary Function - Includes:
<input type="checkbox"/>	Flow Volume Loop with pre & post Bronchodilators
<input type="checkbox"/>	Lung Volume
<input type="checkbox"/>	Slow Vital Capacity
<input type="checkbox"/>	DLCO - Diffusion Study
<input type="checkbox"/>	Methacholine Challenge
<input type="checkbox"/>	Pre & Post Bronchodilatory Spirometry
<input type="checkbox"/>	Simple Spirometry
<input type="checkbox"/>	Flow Volume Loop
<input type="checkbox"/>	Slow Vital Capacity
<input type="checkbox"/>	HAST w/Report
<input type="checkbox"/>	HAST w/Oxygen Titrate

RESPIRATORY:	
No appointment necessary Please register at outpatient registration with your order	
<input type="checkbox"/>	EKG
<input type="checkbox"/>	Blood Gas (Circle one)
<input type="checkbox"/>	CBG VBG