Kaliprasad Ayala, MD FACC
Paul Bajwa, MD FACC
Hemantha Koduri, MD FACP
Denes Korpas, MD FACC
Steven Martin, MD FACC
Gina Mentzer, MD FHFSA
Douglas Netz, MD FACC
Rebecca Rundlett, MD FACC

Patient Name:	Date of Birth:	Patient Phone Number:
Appointment Date/Time:	Person Completing Form:	
Diagnosis:		

Cardiology:

- ☐ 2D Echocardiogram (auth required)
- ☐ Limited Echocardiogram (auth required)
- ☐ Echocardiogram with Bubble Study (auth required)
- ☐ Echocardiogram with Strain (auth required)
- ☐ Holter Monitor (24 hour) (48 hour) (no auth required)
- ☐ Event Monitor (7 days) (14 days) (30 days) (auth required)
- ☐ EKG (no auth required)
- ☐ Regular Treadmill (Bruce) Stress Test (no auth required)
- ☐ Lexiscan Stress Test (auth required)
- ☐ Treadmill Cardiolite Stress Test (auth required)
- ☐ Other: ___________________________

*Please send completed, signed order form with:

- Demographics
- Insurance information
- Most recent office note

Please send everything together, so that we can ensure timely patient scheduling. Thank you!

Vascular (all require auth):

	Unilat/Bilat	Upper/Lower
☐ Carotid Duplex	________	________
☐ Arterial Duplex	________	________
☐ Venous Duplex	________	________
☐ Venous Insuff. Study		
☐ Vein Mapping		
☐ Abdominal Duplex	Limited	Complete
☐ Renal Duplex	Limited	Complete
☐ Ankle Brachial Index	w/exercise	w/o exercise

Lab:

- ☐ CMP
- ☐ BMP
- ☐ CBC
- ☐ BNP
- ☐ FLP
- ☐ INR
- ☐ UA
- ☐ TSH
- ☐ Other: _______________________

Approved Prior Authorization Number:

Please fax order, demographics, and insurance to: scheduling@pioneerheart.com or 402-512-9133

Ordering Provider Signature:	Providers Printed Name:	Date:

Pioneer Heart Institute
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Lincoln, NE 68506

Pioneer Heart Norfolk
3901 West Norfolk Ave, Suite J
Norfolk, NE 68701

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