Nuclear Medicine
200 High Park Avenue
Goshen, Indiana 46526
(574) 364-2605

Hours of Operation Monday - Friday 6 a.m. – 4 p.m.
To Schedule Please Call (574) 364-2400
Fax Order To (574) 364-2410

Appointment Date and Time: _____

Patient Name _____
Date of Birth _____Social Security # _____
Address _____
City _____ State _____ Zip _____
Telephone # _____

Primary Insurance _____
Primary Policy # _____ Group # _____

Secondary Insurance _____
Secondary Policy # _____ Group # _____

Ordering Physician Signature _____
Ordering Physician _____

Primary Care Physician_____
Send Copy To _____
Fax Results To _____

Diagnosis #1 _____ ICD-9 Code _____
Diagnosis #2 _____ ICD-9 Code _____
Diagnosis #3 _____ ICD-9 Code _____
Diagnosis #4 _____ ICD-9 Code _____

CARDIAC STRESS TEST EXAM FORM

MR#: _____

Patient Height: _____ Weight: _____ Allergies: _____

Medications: _____

Indication for Exam / Diagnosis: (Please provide ICD-9 Code if Available)

	Angina Pectoris (413.9)		Chest Pain (786.50)
	Acute MI (410.9)		Abn EKG (794.31)
	CABG Status (V45.81)		Precordial Pain (786.51)
	Post PTCA		Debility Unspecified (799.3)
	Other Acute/Subacute Forms of Ischemic Heart Disease (414.9)		

Types of Nuclear Cardiac Stress Study Requested:

_____ Exercise Stress / Treadmill w/Nuclear Tracer, CPT #78452, #93017, #A9502 (X2)

_____ Pharmacological Stress w/Nuclear Tracer, CPT #78452, #93017, #A9502 (X2), #J2785

Our cardiac stress supervisor reserves the ability to select the most appropriate option for the patient stress, based on patient history, ability, and baseline EKG, by cardiology approved decision tree

Date of last Nuclear Test (Goshen Hospital): _____ **Elsewhere: _____**

Form prepared by (initials): _____

Patient instructions for stress test (English and Spanish) at this link: https://admin.goshenhealth.com/uploads/Provider-Guide/Provider-Reference-Guides/StressTestInsructions2024.pdf?v=1724076932