



**BRONSON**  
**OUTPATIENT ORDER FORM**  
**CARDIOVASCULAR-RESPIRATORY CARE**  
**NEURODIAGNOSTICS**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I) \_\_\_\_\_

Birth Date \_\_\_\_\_ Maiden or Previous Name \_\_\_\_\_ Sex  M  F

Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms \_\_\_\_\_

All orders require a signature from the provider to process

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Print Provider Name: \_\_\_\_\_

Visit/Encounter # \_\_\_\_\_ Unit Med. Record # \_\_\_\_\_

Schedule Appt: Phone call and fax Required  BMH/BLH call 269-341-8700 Fax 269-343-4277  BSH call 269-639-2828 Fax 269-639-2829

Outpatient Testing locations: • BMH 601 John St., Kalamazoo, MI. 49007 • BBC 300 North Ave, Battle Creek, MI. 49017 • BLH 408 Hazen Street, Paw Paw, Michigan 49079 • BSH 955 S. Bailey Ave, South Haven, MI 49090

• All studies **MUST** be scheduled except EKGs, ABGs, and oximetry without exercise. EKGs available at all locations.

• Pediatric Echocardiograms are available only in the **Pediatric Subspecialty**, Suite M351, 601 John St.

• Orders for all Vascular Studies **MUST** be received prior to scheduling.

**OUTPATIENT ORDER FORM**

| CARDIOVASCULAR                                                                                                                                                      |                    | PERIPHERAL VASCULAR (cont.)                                                                                                                               |       | RESPIRATORY CARE SERVICES:                                                         |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------|-------|
| Electrocardiogram (EKG)                                                                                                                                             | 93005              | Carotid Vertebral Study                                                                                                                                   | 93880 | Complete Pulmonary Function Study Please select options (a-d) below for each test: |       |
| Cardiac Stress Test                                                                                                                                                 | 93017              | Thoracic Outlet Syndrome Study (UPPER EXTREMITY ONLY)                                                                                                     | 93923 | <input type="checkbox"/> a. Spirometry w/flow volume loop                          | 94010 |
| Echocardiogram/Adult/Doppler                                                                                                                                        | 93306              | Venous Ultrasound, Bilateral Lower Extremity<br><input type="checkbox"/> For Patency (r/o DVT)<br><input type="checkbox"/> For Insufficiency              | 93970 | <input type="checkbox"/> b. Spirometry after bronchodilator (if indicated)         | 94060 |
| Echocardiogram/Pediatric/Doppler                                                                                                                                    | 93306              |                                                                                                                                                           |       | <input type="checkbox"/> c. Diffusion                                              | 94729 |
| Stress Echocardiogram                                                                                                                                               | 93350              | Venous Ultrasound, Bilateral Upper Extremity                                                                                                              | 93970 | <input type="checkbox"/> d. Thoracic volume/Raw                                    | 94726 |
| Stress Echocardiogram w/Medication Protocol                                                                                                                         | 93350              |                                                                                                                                                           |       | Spirometry                                                                         | 94010 |
| Event Monitor                                                                                                                                                       | 93270              | Venous Ultrasound, Lower Extremity Unilateral                                                                                                             | 93971 | Spirometry w/Bronchodilator                                                        | 94060 |
| Holter Monitor 48 Hour                                                                                                                                              | 93225 & 93226      | <input type="checkbox"/> For Patency (r/o DVT) <input type="checkbox"/> Right<br><input type="checkbox"/> For Insufficiency <input type="checkbox"/> Left | 93971 | Maximal Voluntary Ventilation                                                      | 94200 |
| Nuclear Stress Test Protocol (Please Specify)                                                                                                                       | 93017              |                                                                                                                                                           |       | Venous Ultrasound, Upper Extremity Unilateral                                      | 93971 |
| <input type="checkbox"/> Cardiolute                                                                                                                                 | 78452              | <input type="checkbox"/> Right <input type="checkbox"/> Left                                                                                              | 93971 | Exercise Challenge Test                                                            | 94617 |
| <input type="checkbox"/> Lexiscan / Cardiolute                                                                                                                      | 78452              |                                                                                                                                                           |       | Aorta/Iliac Duplex                                                                 | 93978 |
| <input type="checkbox"/> Dobutamine Cardiolute                                                                                                                      | 78452              | Aorta Duplex                                                                                                                                              | 93978 | Indirect Calorimetry                                                               | 94690 |
| Transesophageal Echocardiogram (TEE)/Doppler                                                                                                                        | 93312              | Other: _____                                                                                                                                              |       | Pentamidine Treatment                                                              | 94642 |
| Transcranial ultrasound                                                                                                                                             | 93886              | <b>NEURODIAGNOSTICS</b>                                                                                                                                   |       | Arterial Blood Gas Puncture                                                        | 36600 |
| Tilt Table Test                                                                                                                                                     | 93660              | EEG                                                                                                                                                       |       | 6 Minute Walk Test                                                                 | 94618 |
| Other: _____                                                                                                                                                        |                    | Awake and Asleep                                                                                                                                          | 95819 | Spirometry w/ Bronchodilator& COPD Education                                       | 94060 |
| Other: _____                                                                                                                                                        |                    | Awake Only                                                                                                                                                | 95816 | Spirometry & Asthma Education                                                      | 94610 |
| <b>PERIPHERAL VASCULAR</b>                                                                                                                                          |                    | EMG Study is Pt. Specific p M.D. order                                                                                                                    |       | COPD Education                                                                     |       |
| Arterial Flow Study, Bilateral, with exercise                                                                                                                       | 93923              | <b>EVOKED POTENTIALS</b>                                                                                                                                  |       | Asthma Education                                                                   |       |
| Arterial Flow Study, Bilateral, without exercise Lower Extremity<br><input type="checkbox"/> Complete w/ Segmental<br><input type="checkbox"/> Limited/ABI w/ digit | 93923              | Auditory (BAER)                                                                                                                                           | 95930 | Maximal Inspiratory Pressure & Maximal Expiratory Pressure (MIPS & MEPS)           |       |
|                                                                                                                                                                     | Comp 93922 Limited | Visual                                                                                                                                                    | 92585 |                                                                                    |       |
| Arterial Flow Study, Bilateral, without exercise Upper Extremity<br><input type="checkbox"/> Complete w/ Segmental<br><input type="checkbox"/> Limited/WBI w/ digit | 93923              | Upper Extremity SSEP                                                                                                                                      | 95925 |                                                                                    |       |
|                                                                                                                                                                     | Comp 93922 Limited | Lower Extremity SSEP                                                                                                                                      | 95926 |                                                                                    |       |
| Arterial/Duplex Imaging Bilateral Lower Extremity                                                                                                                   | 93925              | <b>EPILEPSY MONITORING UNIT</b>                                                                                                                           |       |                                                                                    |       |
| Arterial/Duplex Imaging Unilateral Lower Extremity<br><input type="checkbox"/> Right <input type="checkbox"/> Left                                                  | 93926              | Long Term Epilepsy EEG (Admission Required)                                                                                                               | 95951 |                                                                                    |       |
|                                                                                                                                                                     |                    |                                                                                                                                                           |       |                                                                                    |       |
| Arterial/Duplex Imaging Bilateral Upper Extremity                                                                                                                   | 93930              |                                                                                                                                                           |       |                                                                                    |       |
| Arterial/Duplex Imaging Unilateral Upper Extremity<br><input type="checkbox"/> Right <input type="checkbox"/> Left                                                  | 93931              |                                                                                                                                                           |       |                                                                                    |       |

Patient Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please read the following statement to the patient's insurance company and record the authorization number on the blank after the statement. "I am calling for authorization of (*the ordered procedure*) for both the facility and the provider interpretation." Authorization Number \_\_\_\_\_

For driving directions and hours of operation, please visit [www.bronsonhealth.com](http://www.bronsonhealth.com).