Sarah Bush Lincoln

Today's Date: _____

Patient Name: _____

DOB: _____

Patient Address: _____

City, State, Zip _____

Patient Phone: _____

Provider Name: _____

Provider Phone: _____

PERFORM STUDY AT:

☐ Effingham

☐ Mattoon

CPT - Z13.6 Encounter for screening for cardiovascular disorders

Select one of the screenings listed below:

☐ Heart to Heart **Basic** -- Includes:

- Glucose Level
- BUN
- Creatinine
- C-Reactive Protein High Sensitivity (CV Risk)
- Lipid Panel (Chol, Trig, HDL, LDL)
- CT Heart Calcium Scoring w/o Contrast
- EKG

☐ Heart to Heart **Complete** -- Includes:

- Glucose Level
- BUN
- Creatinine
- C-Reactive Protein High Sensitivity (CV Risk)
- Lipid Panel (Chol, Trig, HDL, LDL)
- CT Heart Calcium Scoring w/o Contrast
- US Vascular Screening
- EKG

☐ Heart to Heart **Vascular ONLY** -- Includes:

- US Vascular Screening
- EKG

Select the appropriate screening and FAX order to Central Scheduling at 217-258-2369

Staff Signature: _____ Date / Time: _____

Provider Signature: _____ Date / Time: _____

HEART TO HEART ORDER

