

## ECHOCARDIOGRAM ORDER FORM

Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

Time/Date of Test \_\_\_\_\_

### **WHAT IS AN ECHOCARDIOGRAM?**

Beams of ultrasonic waves are directed through the chest wall. These sound waves are graphically recorded detailing the position and motion of the walls of the heart, neighboring tissue and internal structures of the heart. Usually 1 hour is allowed for these tests.

### **INDICATION**

- |                                                                               |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Aortic insufficiency (424.1)                         | <input type="checkbox"/> Mitral Stenosis (394.0)             |
| <input type="checkbox"/> Aortic Root Dilation and/or Dissection               | <input type="checkbox"/> Mitral Valve Prolapse (MVP) (424.0) |
| <input type="checkbox"/> Aortic Stenosis (424.1)                              | <input type="checkbox"/> Murmur (785.2)                      |
| <input type="checkbox"/> Assess left ventricular function (LVFX) (428.1)      | <input type="checkbox"/> Myocardial Infarction (MI) (410.0)  |
| <input type="checkbox"/> Atrial fibrillation/Flutter (A-Fib/flutter) (427.31) | <input type="checkbox"/> Old MI (412)                        |
| <input type="checkbox"/> Cardiomyopathy (425.4)                               | <input type="checkbox"/> Pericardial Effusion (423.9)        |
| <input type="checkbox"/> Congestive Heart Failure (428.0)                     | <input type="checkbox"/> Prosthetic Valvular Disease         |
| <input type="checkbox"/> Diastolic Dysfunction (429.9)                        | <input type="checkbox"/> Pulmonary Hypertension (416.0)      |
| <input type="checkbox"/> Emboli/TIA (435.9)                                   | <input type="checkbox"/> Pulmonic Insufficiency (424.3)      |
| <input type="checkbox"/> Endocarditis (421.0)                                 | <input type="checkbox"/> Tricuspid Insufficiency (424.2)     |
| <input type="checkbox"/> LVH (429.3)                                          | <input type="checkbox"/> Valvular Heart Disease (424.90)     |
| <input type="checkbox"/> Mitral Insufficiency (424.0)                         | <input type="checkbox"/> Other _____                         |

### **TYPES OF ECHOCARDIOGRAMS**

- |                                                                                 |                                                     |
|---------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 2D and M-Mode (93307)                                  | <input type="checkbox"/> Doppler color flow (93325) |
| <input type="checkbox"/> 2D and M-Mode with doppler<br>(93307 and 93320, 93325) | <input type="checkbox"/> Air Contrast (93308)       |
| <input type="checkbox"/> Transesophageal Echocardiogram (TEE) (93312)           |                                                     |
| <input type="checkbox"/> with Doppler                                           | <input type="checkbox"/> with IV contrast           |

A flexible tube is passed through the mouth into the esophagus. Using ultrasound to image the heart enables clarification of heart valves and function, infection, source of stroke or other abnormalities. Local sedation is used for this study.

### **Patient Directions**

- >> Nothing to eat or drink after midnight the night before
- >> Labs required prior to testing: CBC, PT, PTT, electrolytes and INR (if on Coumadin)
- >> Someone must accompany you home by cab or car

