



DT0005

Patients: Please report to the department registration area (see below).

PATIENT'S LEGAL NAME	DATE OF BIRTH	APPT. DATE	APPT. TIME	PHYSICIAN (please print)
DIAGNOSES:			ICD-10 CODE(S):	
PHYSICIANS SIGNATURE:			ALLERGIES/PRECAUTIONS:	
<p align="center">NEURODIAGNOSTIC LAB</p> <p>Phone: 706-475-5173 Fax: 706-475-6673 Register in Neuro Lab, 2nd Floor, Prince Tower 1</p> <p>___ EEG- routine ___ EEG- Sleep Deprived ___ EEG- Long Term Seizure Video Monitoring ___ EEG- Ambulatory recording ___ Visual Evoked Potential - VER ___ Auditory Evoked Potential - BAER ___ EMG & NCV ___ NCV only ___ SSEP Select Side <u>Right</u> <u>Left</u> <u>Bilateral</u> <u>Other</u> Select Extremity <u>Arm</u> <u>Leg</u> <u>Both</u> <u>Other</u></p>	<p align="center">REHABILITATION SERVICES</p> <p>Phone: 706-475-3511 Fax: 706-475-6771 Register in Rehab Department at the Medical Services Building</p> <p>___ Physical Therapy Evaluate and Treat ___ Occupational Therapy Evaluate and Treat ___ Speech Therapy Evaluate and Treat ___ Dysphagia Evaluate and Treat ___ Vestibular Rehab Evaluate and Treat* ___ "Before the Fall" Evaluate and Treat* ___ Lymphedema Evaluate and Treat* ___ Other ___ Modified Barium Swallow (For this test only, please report to the Radiology registration area in the main hospital-Prince Tower 2 entrance.) *Indicates PT or OT</p>	<p align="center">CARDIAC, PULMONARY & VASCULAR DIAGNOSTICS</p> <p>Phone: 706-475-3654 Fax: 706-475-6793 Register in Talmadge Tower 1, Registration Area</p>		
<p align="center">SLEEP DISORDERS CENTER</p> <p>Phone: 706-475-5017 Fax: 706-475-7695 Register at Sleep Ctr., 2nd Floor, Prince Tower 1</p> <p>___ NPSG-Polysomnography-diagnostic ___ CPAP ___ BiPAP ___ VPAP/AUTO-SV ___ DME Equipment ___ Home Sleep Testing ___ MSLT-Multi-sleep latency testing ___ MWT-multi-wake testing ___ Referral to Sleep Clinic after Sleep Study ___ Other _____</p>	<p align="center">COMPREHENSIVE WOUND CENTER</p> <p>Phone: 706-475-2660 Fax: 706-475-2662 Register in Comp Wound Ctr., Ground Floor, Prince Tower #2</p> <p>___ Initial Consultation for Wound Care ___ Hyperbaric Oxygen Evaluation ___ Other (Specify) ___ Other _____</p>	<p>CARDIAC</p> <p>___ 93005 EKG ___ 93278 Signal Averaging EKG ___ 93226 Holter Monitoring (24 hour) ___ 93271 Trend Event Monitor ___ 93017 Stress Test-Regular Walking ___ 78452 Stress Test-Nuclear Medicine (Specify Type) ___ 93306 Echo ___ 93350 Stress Echo ___ 93312 Transesophageal Echo (Must be scheduled with Cardiologist & COA @706-475-2900)</p> <p>PULMONARY</p> <p>___ 82803 Atrial Blood Gas ___ 94729 DLCO ___ 94070 Methacholine Challenge ___ 94010 Spirometry ___ 94060 Spirometry with Bronchodilator ___ 94010 Complete PFT ___ 94060 Complete PFT with & without Bronchodilator ___ 94761 Pulse Oximetry with Exercise ___ 94760 Pulse Oximetry without Exercise</p>		
<p align="center">ENDOSCOPY</p> <p>Phone: 706-475-3531 Fax: 706-475-5179 Register in Talmadge Tower 1, Registration Area</p> <p>___ Bronchoscopy ___ ERCP ___ Esophageal Dilation ___ EGD ___ PPE ___ Flexible Sigmoidoscopy ___ Colonoscopy ___ Esophageal Manometry ___ Other _____</p>	<p align="center">CARDIAC REHAB PHASE II</p> <p>Phone: 706-475-5960 Fax: 706-475-5905 Register in Cardiac Rehab Dept., Medical Services Building</p> <p>___ Cardiac Rehab Phase II</p>	<p>VASCULAR</p> <p>___ 93922 Ankle Brachial Index ___ 93923 Arterial Upper Extremity ___ 93923 Arterial Lower Extremity ___ 93924 Arterial Lower Extremity with Exercise ___ 93926 Femoral/Popliteal Artery Scan ___ 93880 Carotid ___ 93990 Hemodialysis Access Graft ___ 93925 Bypass Graft Surveillance Right Left ___ 93971 Vein Map: Extremity Right Left ___ 93971 Venous Scan: Extremity Right Left ___ 93970 Venous Scan: Bilateral ___ 93975 Renal Scan (MUST be NPO for 6 hours prior to test.) ___ 93975 Mesenteric Scan (MUST be NPO for 6 hours prior to test.)</p>		

THIS ORDER MUST ACCOMPANY THE PATIENT

PATIENT LABEL