

Central Utah Clinic

Due to increased scrutiny on the part of the insurance companies, in order for us to serve you and your patients to the best of our ability, it is imperative the requested information be supplied, so we can assist you in the insurance pre authorization process. Exams can not be performed without pre-authorization.

Use this form in conjunction with the Insurance Preauthorization Form.
Submit this form for **Cardiac Studies**.

Fax completed forms, or patients' clinic notes to 801.492.0191, attn Lorrell.

The patient's clinic note is acceptable if the following information is documented.

●Name: _____

●Age/DOB: _____

●Height/Weight/BMI: _____

●Able to exercise on treadmill? Yes No

●Symptoms: _____

●Indications (reason for testing): _____

●Cardiac risk factors: _____

●Any prior Non-invasive procedures (MPI, Echo, Stress Echo, Treadmill etc)? Yes No

●Blood Pressure: _____

●Cholesterol: HDL_____, LDL_____, Triglycerides_____, Total Chol_____

●Diabetic: Yes No

●Previous ECG test: Yes No Date_____

●Prior MI: Yes No Date_____

●CABG, PCI, Prior Cath? Yes No Date_____

●Other helpful information: _____

