



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.

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 \_\_\_\_\_

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