



**BRONSON**  
**OUTPATIENT ORDER FORM**  
**CARDIOVASCULAR-RESPIRATORY CARE**  
**NEURODIAGNOSTICS**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I) \_\_\_\_\_

Birth Date \_\_\_\_\_ Maiden or Previous Name \_\_\_\_\_ Sex  M  F

Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms \_\_\_\_\_

All orders require a signature from the provider to process

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Print Provider Name: \_\_\_\_\_

Visit/Encounter # \_\_\_\_\_ Unit Med. Record # \_\_\_\_\_

Schedule Appt: Phone call and fax Required  BMH/BLH call 269-341-8700 Fax 269-343-4277  BBC call 269-245-8666 Fax 269-245-4902  
 BSH call 269-639-2828 Fax 269-639-2829

Outpatient Testing locations: • BMH 601 John St., Kalamazoo, MI. 49007 • BBC 300 North Ave, Battle Creek, MI. 49017 • BLH 408 Hazen Street, Paw Paw, Michigan 49079 • BSH 955 S. Bailey Ave, South Haven, MI 49090  
 • All studies **MUST** be scheduled except EKGs, ABGs, and oximetry without exercise. EKGs available at all locations.  
 • Pediatric Echocardiograms are available only in the **Pediatric Subspecialty**, Suite M351, 601 John St.  
 • Orders for all Vascular Studies **MUST** be received prior to scheduling. • Clinical Depression Support (CDS) information is REQUIRED for Nuclear Stress Test

**OUTPATIENT ORDER FORM**

CARDIOVASCULAR		PERIPHERAL VASCULAR (cont.)		RESPIRATORY CARE SERVICES:	
Electrocardiogram (EKG)	93005	Carotid Vertebral Study	93880	Complete Pulmonary Function Study Please select options (a-d) below for each test:	
Cardiac Stress Test	93017	Thoracic Outlet Syndrome Study (UPPER EXTREMITY ONLY)	93923	<input type="checkbox"/> a. Spirometry w/flow volume loop	94010
Echocardiogram/Adult/Doppler	93306	Venous Ultrasound, Bilateral Lower Extremity	93970	<input type="checkbox"/> b. Spirometry after bronchodilator (if indicated)	94060
Echocardiogram/Pediatric/Doppler	93306	<input type="checkbox"/> For Patency (r/o DVT)		<input type="checkbox"/> c. Diffusion	94729
Stress Echocardiogram	93350	<input type="checkbox"/> For Insufficiency		<input type="checkbox"/> d. Thoracic volume/Raw	94726
Stress Echocardiogram w/Medication Protocol	93350	Venous Ultrasound, Bilateral Upper Extremity	93970	Spirometry	94010
Event Monitor	93270	Venous Ultrasound, Lower Extremity Unilateral	93971	Spirometry w/Bronchodilator	94060
Holter Monitor 48 Hour	93225 & 93226	<input type="checkbox"/> For Patency (r/o DVT) <input type="checkbox"/> Right		Maximal Voluntary Ventilation	94200
Nuclear Stress Test Protocol (Requires CDS)	93017	<input type="checkbox"/> For Insufficiency <input type="checkbox"/> Left		Methacholine Challenge	94070
Clinical decision number or session ID:		Venous Ultrasound, Upper Extremity Unilateral	93971	Exercise Challenge Test	94619
Clinical support appropriateness score:		<input type="checkbox"/> Right <input type="checkbox"/> Left		Pulmonary Stress Test (complex)	94621
Decision support vendor:		Aorta/Iliac Duplex	93978	Indirect Calorimetry	94690
Decision support adherence or consultation results:		Aorta Duplex	93978	Pentamidine Treatment	94642
<input type="checkbox"/> Cardiolute	78452	Other: _____		Pulse Oximetry at Rest	94760
<input type="checkbox"/> Lexiscan / Cardiolute	78452	<b>NEURODIAGNOSTICS</b>		Arterial Blood Gas Puncture	36600
<input type="checkbox"/> Dobutamine Cardiolute	78452	EEG		6 Minute Walk Test	94618
Transesophageal Echocardiogram (TEE)/Doppler	93312	Awake and Asleep	95819	Spirometry w/ Bronchodilator& COPD Education	94060
Transcranial ultrasound	93886	Awake Only	95816	Spirometry & Asthma Education	94610
Tilt Table Test	93660	EMG Study is Pt. Specific p M.D. order		Maximal Inspiratory Pressure & Maximal Expiratory Pressure (MIPS & MEPS)	
Other: _____		<b>EVOKED POTENTIALS</b>			
Other: _____		Auditory (BAER)	95930		
<b>PERIPHERAL VASCULAR</b>		Visual	92585		
Arterial Flow Study, Bilateral, with exercise	93923	Upper Extremity SSEP	95925		
Arterial Flow Study, Bilateral, without exercise Lower Extremity	93923 Comp 93922 Limited	Lower Extremity SSEP	95926		
<input type="checkbox"/> Complete w/ Segmental		<b>EPILEPSY MONITORING UNIT</b>			
<input type="checkbox"/> Limited/ABI w/ digit		Long Term Epilepsy EEG (Admission Required)	95951		
Arterial Flow Study, Bilateral, without exercise Upper Extremity	93923 Comp 93922 Limited				
<input type="checkbox"/> Complete w/ Segmental					
<input type="checkbox"/> Limited/WBI w/ digit					
Arterial/Duplex Imaging Bilateral Lower Extremity	93925				
Arterial/Duplex Imaging Unilateral Lower Extremity <input type="checkbox"/> Right <input type="checkbox"/> Left	93926				
Arterial/Duplex Imaging Bilateral Upper Extremity	93930				
Arterial/Duplex Imaging Unilateral Upper Extremity <input type="checkbox"/> Right <input type="checkbox"/> Left	93931				

**Patient Appointment** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please read the following statement to the patient's insurance company and record the authorization number on the blank after the statement. "I am calling for authorization of (the ordered procedure) for both the facility and the provider interpretation." Authorization Number \_\_\_\_\_  
 For driving directions and hours of operation, please visit www.bronsonhealth.com.