

Echo Code 93306: All other patients sent for evaluation

## **Radiology Exams Ordered on Separate Form**

2018 W Clinch Avenue, Knoxville, TN 37916 — Parking Garage A or C
Please register at outpatient registration with your order.

Mon-Fri 6a-9p & Sat-Sun 6a-7p | Located across from the gift shop.

## Cardio Pulmonology Respiratory Neurology Service

Patient's last name		First name		Initial	DOB	
	ergies:		Meds:			
	ason for the test:					
□ STAT □ Call to: □ Consult for sedatio				=	screening characteristics	
	vider - Please print:					
Signed: Ordering Provider:						
Primary Insurance:			·			
D/ Policy #:			Precert #:			
110			1ecert #			
	NEUROLOGY LABORATORY: Call (865) 541-8108 to schedule / Fax (865) 541-8675 Please register at outpatient registration with your order.		RESPIRATORY: No Appt. necessary – for information call (865) 541-8729 Please register at outpatient registration with your order.			
	BAER - Brainstem Auditory Evoked F	Response (BAER)	EKG			
			Blood Gas	(Circle one)		
	EEG - Ambulatory (24 Hour) with vide	90	CBG \	/BG NO ABG		
	EEG - Awake & Asleep		PULMONARY FUNCATION LABORATORY:			
	EEG - Long term monitoring with video			gister on 1st floor of		
	6 hour (outpatient)		Call (865) 541-8113 to schedule / Fax (865) 246-7560			
	23 hour (inpatient) *requires privileges *rounding		6-Minute Walk Test			
	EMG - Electromyography		PETT with EKG			
	NCV - Nerve Conduction Velocity		PETT without EKG			
	ERG - Electroretinography		Cardiopulmonary Stress Test			
	SEP - Somatosensory Evoked Response		Cardiac Stress Test with VO2			
	Upper extremities		Complete Pulmonary Function - Includes:			
	Lower extremities			e Loop with pre & pos	t Bronchiodilators	
	VER - Visual Evoked Response		Lung Volum			
	ECHOCARDIOGRAM:		Slow Vital C	apacity		
	Echo Lab: Register in South To	wer, 2 <sup>nd</sup> Floor	DLCO - Diff	usion Study		
	Cardiology Office Call (865) 522-0420 to schedule	/ Fax (865) 246-7564	Methacholin	ne Challenge		
			Pre & Post I	Bronchodilatory Spiror	metry	
	Blood Pressure: /	t: kg	Simple Spire	ometry		
			Flow Volume Loop			
	Heart Rate:  Exam Date / Time:		Slow Vital C	apacity		
		dina	HAST w/Re	port		
	Patient History / Reason for proced	Jule:	HAST w/Ox	ygen Titrate		
	Echo Code 93303: All nationts with ki	nous Connected Heart Discour				
	TECHO CODE 43303. All Dallenis With Ki	T ASSASIL TIBAH ISHINGHAN LINGASAN				