

Call Centralized Scheduling at 603.740.2671 to schedule.

Patient Name: _____ DOB: _____

Primary Care Physician: _____ Primary Ins: _____

Comments: _____ Ins #: _____

Precautions/Allergies: Shellfish/Iodine _____ Secondary Ins: _____

_____ Ins #: _____

_____ Pre-Cert #: _____

Ordering Clinician: _____ Pre-Approval: _____

Physicians / ARNP / PA Signature Required: _____

Diagnosis/Signs & Symptoms: _____ ICD Code: _____

Procedure Date: _____ Date Of Order: _____

Please **CHECK** Exam and Indication

ELECTROPHYSIOLOGY/ABLATION (Please Check)	CPT	COMMON INDICATIONS (Please Check)	ICD
<input type="checkbox"/> Electrophysiology Study (EP)	93619	<input type="checkbox"/> Atrial fibrillation	I48.91
<input type="checkbox"/> EP with Ablation	93620	<input type="checkbox"/> Atrial flutter	I48.92
		<input type="checkbox"/> AV block	I44.30
		<input type="checkbox"/> Bradyarrhythmias	I49.8
		<input type="checkbox"/> Implanted device evaluation	
		<input type="checkbox"/> IVCD	I45.4
		<input type="checkbox"/> PAC's	I49.1
		<input type="checkbox"/> PVC's	I49.3
		<input type="checkbox"/> Sinus node dysfunction	I49.5
		<input type="checkbox"/> SVT (paroxysmal)	I47.1
		<input type="checkbox"/> Syncope	R55
		<input type="checkbox"/> Tachyarrhythmias	R0.00
		<input type="checkbox"/> Ventricular Tachycardia	I47.2
		<input type="checkbox"/> Wolff-Parkinson-White	I45.6

- Patient Steps:
- 1) Call our designated phone extension (603.740.2493) to pre-register.
 - 2) You must bring this form to the hospital the day of your appointment.
 - 3) Your insurance card must be presented at the time of your registration.

Wentworth-Douglass Hospital
 CARDIOLOGY
**REQUEST FOR ELECTROPHYSIOLOGY
 SERVICES**



CN0205

7031-108MR
Rev. 09/15/15