



Holter Order Form

(Referral Document of Medical Necessity)

Patient's Name: (Last) _____ (First) _____ (MI) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Social Security Number: _____ - _____ - _____ DOB: _____ / _____ / _____ Sex: M F

Primary Insurance Information

Private Medicare HMO** Self Pay Workman's Comp Other: _____

Insurance: _____ ID# _____ GRP# _____

Phone: _____

Claims Address: _____ City: _____ State: _____ Zip: _____

** Prior Authorization# _____ (HMO \ If Needed)

Diagnosis

- | | | |
|---|--|---|
| <input type="checkbox"/> 427.9 - Cardiac Dysrhythmia | <input type="checkbox"/> 785.1 - Palpitations | <input type="checkbox"/> 780.2 - Syncope / Near Syncope |
| <input type="checkbox"/> 401.9 - Essential Hypertension | <input type="checkbox"/> 780.4 - Dizziness | <input type="checkbox"/> 786.50 - Chest Pain |
| <input type="checkbox"/> 427.31 - Atrial Fibrillation | <input type="checkbox"/> 794.31 - Abnormal EKG | <input type="checkbox"/> 785.0 - Tachycardia, Unspecified |
| <input type="checkbox"/> 427.81 - Sinoatrial Node Dysfunction | <input type="checkbox"/> 427.69 - VPB's | <input type="checkbox"/> 786.05 - Shortness of Breath |
| <input type="checkbox"/> 414.0 - Coronary Arteriosclerosis | <input type="checkbox"/> 427.32 - Atrial Flutter | <input type="checkbox"/> 780.53 - Sleep Apnea |
| <input type="checkbox"/> 427.89 - Bradycardia | <input type="checkbox"/> 427.60 - Premature Bts. | <input type="checkbox"/> 780.79 - Fatigue / Weakness |
| <input type="checkbox"/> Other: _____ | | |

Holter Monitoring - Sleep Apnea Screening, Heart Rate Variability, QT Interval, ST Segment Analysis

Date of Service: _____ / _____ / _____ Hookup Time: _____

24-Hour Study 48-Hour Study

Physician Information

Comments: _____

I certify that all test are medically necessary for the proper evaluation and treatment of this patient.

Physicians Name: _____

Physicians Signature: _____

IMPORTANT

Please **FAX** this form and a copy of the Front & Back of the patients insurance card to **888.821.4677**