CLEAR
Heart and Lung Imaging

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Testing Order Form

Patient Name _____ **DOB** _____

Patient Phone _____ **Referring Physician**_____

Diagnosis

☐ **Chest Pain**	☐	☐	☐
☐ **Shortness of Breath**	☐	☐	☐ **Other:**

☐ **CORONARY CT Angiogram** (CPT-75574) Plaque (CPT-0623T) FFR-Ischemia (CPT-75580) ☐ Cleerly Plaque as needed ☐ Cleerly Ischemia as needed ☐ HeartFlow Plaque as needed ☐ HeartFlow Noninvasive FFR as needed (conditional upon40-90% stenosis)	☐ **BONE MINERAL DENSITY** (CPT-77078)	☐ **LUNG CANCER SCREENING** (CPT-71271) Low dose CT of Thorax without contrast for lung cancer screening	☐ **CALCIUM SCORE** (CPT-75571) Non-Contrast CT of the heart with calcium scoring
STRUCTURAL HEART w contrast (CPT-75572) ☐ CT TVP (Triscend II) ☐ CTA TMVR (Apollo) ☐ CTA Pulm Veins and LAA ☐ CTA Left Ventricle ☐ CTA Cardiac Veins	☐ **CTA TAVR with CONTRAST** (CPT-74174)	☐ **CT CHEST** (CPT-71275) CTA Chest PE CT Abd and Pelvis with Contrast	☐ **PERIPHERAL VASCULAR RUNOFF W CONTRAST** (CPT-71271)

Physicians Signature _____ **Date** _____

Prior Authorization _____ **Date** _____