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PATIENT NAME _____ DATE ____/____/____ TIME: ____:____

CARDIAC/CHEST CTA 71275		CAROTID CTA/Intracranial Head - 70486 Neck - 70498		ORTA/RENAL/MESENTRIC CTA 5635		AORTA/RENAL/MESENTRIC CTA 75635	
<input type="radio"/> 414.01	Coronary Atherosclerosis	<input type="radio"/> 780.2	Syncope	<input type="radio"/> 441.02	Dissection	<input type="radio"/> 440.30	Atherosclerosis of bypass graft of extremities
<input type="radio"/> 414.05	S/P CABG	<input type="radio"/> 433.10	Carotid Stenosis	<input type="radio"/> 405.91	Reno Vascular Hypertension	<input type="radio"/> 440.22	Atherosclerosis of extremities with rest pain
<input type="radio"/> 412	Prior MI	<input type="radio"/> 784	Headache	<input type="radio"/> Other:	_____	<input type="radio"/> 440.2	Atherosclerosis of extremities, unspecified
<input type="radio"/> 786.5	Chest Pain	<input type="radio"/> 435.9	Transient cerebral ischemia	<input type="radio"/> Other:	_____	<input type="radio"/> 440.8	Atherosclerosis of other specified arteries
<input type="radio"/> 415.1	Pulmonary Embolism	<input type="radio"/> Other:	_____			<input type="radio"/> 447	Other disorders or arteries and arterioles
<input type="radio"/> 441.00	Dissecting Aneurysm					<input type="radio"/>	Other _____
<input type="radio"/> 746.9	Congenital Heart Disease						
<input type="radio"/>	Other: _____						

CLINICAL HISTORY:

ADDITIONAL PATIENT HISTORY:

1. Does patient have a recent BUN/Cr level?	No	Results:
2. Does the patient take beta blocker medication?	No	Yes
3. Does the patient have normal sinus rhythm?	Yes	No
4. What is the patient's resting heart rate?		
5. Has the patient had a CABG?	No	If yes, please indicate # and location of bypass grafts on diagram below
6. Please indicate if the patient has coronary stents:	No	If yes, please indicate # and location of stents on diagram below
7. Is the patient a diabetic?	No	Yes

Please indicate the location of existing stents or bypass grafts on the adjacent diagram:



Requested by Dr. _____	Fax Report: <input type="radio"/> Yes <input type="radio"/> No
Images: <input type="radio"/> Yes <input type="radio"/> No	Fax Number: _____
Address: _____	Email Report: <input type="radio"/> Yes <input type="radio"/> No
_____	Email Address: _____

PRECERT #: _____