

MSU Clinical Center, Ste D100 (D-Wing)
840 Service Rd, East Lansing, MI 48824



Tax ID 83-2236308
NPI 1275165052

Patient Name _____ DOB _____ Phone _____

Diagnosis/ICD Code(s) _____

Reason for Test or Referral/Signs & Symptoms _____

Male Female Weight _____ Height _____

Insurance Type(s) _____ Preauthorization # _____

Please fax Referral Form with the following:

- Most recent History & Physical
- Relevant pathology report(s)
- Most recent progress note(s)
- Relevant radiology report(s)—not from MSU
- Insurance card(s)—front and back

CARDIAC

- Gated Blood Pool (Resting MUGA)**
CPT CODE 78472
- Myocardial Perfusion—Pharmacologic (Lexiscan)**
Stress Test & Imaging
CPT CODE 78452
- Myocardial Perfusion—Treadmill**
Stress Test & Imaging
CPT CODE 78452

THYROID


- Radioactive Iodine Uptake with Thyroid Scan (I123)**
CPT CODE 78014

PARATHYROID

- Parathyroid Imaging**
CPT CODE 78070

Please note that in order to provide your patient(s) with thorough service, MSU Cardiology/Radiology may modify the ordered exam(s) based on the patient's diagnosis and/or symptoms, according to our standard of care. Modification(s) will be determined by the interpreting physician.

Referring Physician/Provider Information

Signature or stamp  _____

Printed Name _____

Form filled out by _____

Office Phone _____

Office Fax _____