



Authorization Request Form - Part 2 Stress Echocardiogram

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

Please fill in each question option completely →

Patient Information	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Fill out the following section if submitting for any of the following: **Single Service, Chest Pain, Coronary Artery Disease, Cardiomyopathies, Atrial Fibrillation**

Question 1	Which of the following findings were documented at the most recent encounter? <input type="checkbox"/> Chest pain that is substernal or retrosternal <input type="checkbox"/> Chest pain provoked by exertion or an emotional event <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin <input type="checkbox"/> Unexplained chest pain (or ischemic equivalent) <input type="checkbox"/> Acute chest pain <input type="checkbox"/> Unexplained dyspnea on exertion <input type="checkbox"/> Unexplained congestive heart failure <input type="checkbox"/> History of presyncope or syncope <input type="checkbox"/> None of the above
Question 2	Does the patient have any of the following that would interfere with the specificity and diagnosis? <input type="checkbox"/> Inability to achieve the target heart rate with a standard exercise treadmill test (greater than 85% of age predicted maximal HR) <input type="checkbox"/> ECG with ventricular preexcitation (Wolff-Parkinson-White pattern) <input type="checkbox"/> ECG with greater than 1 mm ST depression at rest <input type="checkbox"/> Left ventricular hypertrophy with ST-T abnormalities <input type="checkbox"/> Patient takes digoxin <input type="checkbox"/> Inability to exercise requiring pharmacological stress test <input type="checkbox"/> Left bundle branch block (LBBB) <input type="checkbox"/> None of the above
Question 3	Does the patient have any of the following conditions? <input type="checkbox"/> Ventricular paced rhythm <input type="checkbox"/> Severe chronic obstructive pulmonary disease (COPD) <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Prior thoracotomy (CABG, other surgery) <input type="checkbox"/> Segmental wall motion abnormalities at rest (e.g., due to cardiomyopathy, recent MI, or pulmonary hypertension) <input type="checkbox"/> None of the above
Question 4	Has the patient had any of the following? <input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque <input type="checkbox"/> Normal stress test within the last year <input type="checkbox"/> None of the above
Question 5	Which of the following apply to the patient? <input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy <input type="checkbox"/> History of CAD not on optimal guideline-directed medical therapy <input type="checkbox"/> History of CAD without symptoms <input type="checkbox"/> History of CAD with documented intolerance to optimal guideline-directed medical therapy <input type="checkbox"/> No known history of CAD

Fill out this section ONLY if submitting for the following: **Cardiomyopathies**

Question 1	Does the patient have hypertrophic cardiomyopathy with a mild dynamic left ventricular outflow obstruction that requires exercise provocation? <input type="radio"/> Yes <input type="radio"/> No
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Fill out the following section if submitting for any of the following: **Valvular Heart Disease**

Question 1	<p>Which of the following symptoms or findings were documented at the most recent encounter?</p> <table><tr><td><input type="checkbox"/> Low-flow, low-gradient aortic stenosis with a need for further imaging to specify a diagnosis</td><td><input type="checkbox"/> Aortic Regurgitation (moderate or severe)</td></tr><tr><td><input type="checkbox"/> Aortic stenosis (moderate or asymptomatic severe)</td><td><input type="checkbox"/> Valvular Heart Disease in a female patient who is considering pregnancy</td></tr><tr><td><input type="checkbox"/> Mitral regurgitation (moderate or severe)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Mitral valve disease with a discrepancy between clinical symptoms and resting echocardiogram findings</td><td></td></tr></table>	<input type="checkbox"/> Low-flow, low-gradient aortic stenosis with a need for further imaging to specify a diagnosis	<input type="checkbox"/> Aortic Regurgitation (moderate or severe)	<input type="checkbox"/> Aortic stenosis (moderate or asymptomatic severe)	<input type="checkbox"/> Valvular Heart Disease in a female patient who is considering pregnancy	<input type="checkbox"/> Mitral regurgitation (moderate or severe)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Mitral valve disease with a discrepancy between clinical symptoms and resting echocardiogram findings	
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<input type="checkbox"/> Mitral valve disease with a discrepancy between clinical symptoms and resting echocardiogram findings									
Question 2	<p>Does the patient have any of the following conditions?</p> <table><tr><td><input type="checkbox"/> Acute pericarditis or Myocarditis</td><td><input type="checkbox"/> Severe hypertension (greater than 180/100mm Hg)</td></tr><tr><td><input type="checkbox"/> Severe symptomatic valvular aortic stenosis</td><td><input type="checkbox"/> Technical limitations that would limit the quality of diagnostic Stress Echo (e.g., obesity, severely underweight, chest wall deformity, the patient cannot be in an appropriate position)</td></tr><tr><td><input type="checkbox"/> Uncontrolled arrhythmias causing symptoms or instability</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Symptomatic congestive heart failure</td><td></td></tr></table>	<input type="checkbox"/> Acute pericarditis or Myocarditis	<input type="checkbox"/> Severe hypertension (greater than 180/100mm Hg)	<input type="checkbox"/> Severe symptomatic valvular aortic stenosis	<input type="checkbox"/> Technical limitations that would limit the quality of diagnostic Stress Echo (e.g., obesity, severely underweight, chest wall deformity, the patient cannot be in an appropriate position)	<input type="checkbox"/> Uncontrolled arrhythmias causing symptoms or instability	<input type="checkbox"/> None of the above	<input type="checkbox"/> Symptomatic congestive heart failure	
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<input type="checkbox"/> Uncontrolled arrhythmias causing symptoms or instability	<input type="checkbox"/> None of the above								
<input type="checkbox"/> Symptomatic congestive heart failure									

Fill out the following section if submitting for any of the following: **Preoperative Evaluation**

Question 1	<p>Which category of surgical procedure is the patient undergoing?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)
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Question 2	<p>Is the patient at elevated (moderate to high, >1%) clinical risk for non-cardiac surgery?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				
Question 3	<p>Does the patient have poor (less than 4 Metabolic Equivalent (METS)) or unknown functional capacity?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				
Question 4	<p>Has the patient had any of the following?</p> <table><tr><td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Normal stress test within the last year</td><td></td></tr></table>	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="checkbox"/> None of the above	<input type="checkbox"/> Normal stress test within the last year	
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Patient Information	First name	Last name	
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Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

Question 1	<p>Which of the following findings were documented at the most recent encounter?</p> <table> <tr> <td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td> <td><input type="checkbox"/> Unexplained dyspnea on exertion</td> </tr> <tr> <td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td> <td><input type="checkbox"/> Unexplained congestive heart failure</td> </tr> <tr> <td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td> <td><input type="checkbox"/> History of presyncope or syncope</td> </tr> <tr> <td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Acute chest pain</td> <td></td> </tr> </table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
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Question 2	<p>Does the patient have any of the following that would interfere with the specificity and diagnosis?</p> <table> <tr> <td><input type="checkbox"/> Inability to achieve the target heart rate with a standard exercise treadmill test (greater than 85% of age predicted maximal HR)</td> <td><input type="checkbox"/> Patient takes digoxin</td> </tr> <tr> <td><input type="checkbox"/> ECG with ventricular preexcitation (Wolff-Parkinson-White pattern)</td> <td><input type="checkbox"/> Inability to exercise requiring pharmacological stress test</td> </tr> <tr> <td><input type="checkbox"/> ECG with greater than 1 mm ST depression at rest</td> <td><input type="checkbox"/> Left bundle branch block (LBBB)</td> </tr> <tr> <td><input type="checkbox"/> Left ventricular hypertrophy with ST-T abnormalities</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>	<input type="checkbox"/> Inability to achieve the target heart rate with a standard exercise treadmill test (greater than 85% of age predicted maximal HR)	<input type="checkbox"/> Patient takes digoxin	<input type="checkbox"/> ECG with ventricular preexcitation (Wolff-Parkinson-White pattern)	<input type="checkbox"/> Inability to exercise requiring pharmacological stress test	<input type="checkbox"/> ECG with greater than 1 mm ST depression at rest	<input type="checkbox"/> Left bundle branch block (LBBB)	<input type="checkbox"/> Left ventricular hypertrophy with ST-T abnormalities	<input type="checkbox"/> None of the above		
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<input type="checkbox"/> Left ventricular hypertrophy with ST-T abnormalities	<input type="checkbox"/> None of the above										
Question 3	<p>Does the patient have any of the following conditions?</p> <table> <tr> <td><input type="checkbox"/> Left ventricular outflow tract (LVOT) obstruction with equivocal indications for intervention</td> <td><input type="checkbox"/> Severe aortic stenosis (Moderate or asymptomatic)</td> </tr> <tr> <td><input type="checkbox"/> Coarctation of the aorta</td> <td><input type="checkbox"/> Mitral valve disease with a discrepancy between clinical symptoms and resting echo findings</td> </tr> <tr> <td><input type="checkbox"/> Possible low flow, low gradient severe aortic stenosis</td> <td><input type="checkbox"/> Aortic regurgitation (moderate or severe)</td> </tr> <tr> <td><input type="checkbox"/> Chronic primary moderate to severe mitral regurgitation</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Severe valve disease and patient is considering pregnancy</td> <td></td> </tr> </table>	<input type="checkbox"/> Left ventricular outflow tract (LVOT) obstruction with equivocal indications for intervention	<input type="checkbox"/> Severe aortic stenosis (Moderate or asymptomatic)	<input type="checkbox"/> Coarctation of the aorta	<input type="checkbox"/> Mitral valve disease with a discrepancy between clinical symptoms and resting echo findings	<input type="checkbox"/> Possible low flow, low gradient severe aortic stenosis	<input type="checkbox"/> Aortic regurgitation (moderate or severe)	<input type="checkbox"/> Chronic primary moderate to severe mitral regurgitation	<input type="checkbox"/> None of the above	<input type="checkbox"/> Severe valve disease and patient is considering pregnancy	
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Question 4	<p>Has the patient had any of the following?</p> <table> <tr> <td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Normal stress test within the last year</td> <td></td> </tr> </table>	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last 2 years with no stenosis or plaque	<input type="checkbox"/> None of the above	<input type="checkbox"/> Normal stress test within the last year							
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Patient Information	First name	Last name
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Fill out the following section if submitting for any of the following: **Syncope or Presyncope**

Question 1	<p>Does the patient have Syncope and any of the following symptoms?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> The patient has Syncope but none of the additional symptoms listed above.</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> The patient has Syncope but none of the additional symptoms listed above.	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
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Question 2	<p>Does the patient have any of the following?</p> <table><tr><td><input type="checkbox"/> ECG abnormalities (e.g., ventricular paced rhythm, LBBB, Wolff-Parkinson-White, ST-T abnormalities, the patient takes digoxin)</td><td><input type="checkbox"/> Inability to achieve the target heart rate with a standard stress test (greater than 85% of age-predicted maximal heart rate (HR))</td></tr><tr><td><input type="checkbox"/> Inability to exercise (i.e., breathing or physical limitations)</td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> ECG abnormalities (e.g., ventricular paced rhythm, LBBB, Wolff-Parkinson-White, ST-T abnormalities, the patient takes digoxin)	<input type="checkbox"/> Inability to achieve the target heart rate with a standard stress test (greater than 85% of age-predicted maximal heart rate (HR))	<input type="checkbox"/> Inability to exercise (i.e., breathing or physical limitations)	<input type="checkbox"/> None of the above						
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<input type="checkbox"/> Inability to exercise (i.e., breathing or physical limitations)	<input type="checkbox"/> None of the above										
Question 3	<p>If the patient had previous stress testing, what were the findings?</p> <table><tr><td><input type="checkbox"/> Nondiagnostic or abnormal findings needing further clarification by stress echo</td><td><input type="checkbox"/> No previous stress testing was performed</td></tr><tr><td><input type="checkbox"/> Findings discordant with previous clinical or imaging information</td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> Nondiagnostic or abnormal findings needing further clarification by stress echo	<input type="checkbox"/> No previous stress testing was performed	<input type="checkbox"/> Findings discordant with previous clinical or imaging information	<input type="checkbox"/> None of the above						
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Question 4	<p>Do any of the following apply to the patient?</p> <table><tr><td><input type="checkbox"/> The patient has unstable cardiac or pulmonary conditions</td><td><input type="checkbox"/> Normal stress test within the last year</td></tr><tr><td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> The patient has unstable cardiac or pulmonary conditions	<input type="checkbox"/> Normal stress test within the last year	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="checkbox"/> None of the above						
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Patient Information	First name	Last name
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Fill out the following section if submitting for any of the following: **Preoperative Evaluation**

Question 1	<p>Which category of surgical procedure is the patient undergoing?</p> <p><input type="checkbox"/> Chest pain that is substernal or retrosternal <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</p> <p><input type="checkbox"/> Chest pain provoked by exertion or an emotional event <input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</p>
Question 2	<p>Is the patient at elevated (moderate to high, >1%) clinical risk for non-cardiac surgery?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Question 3	<p>Does the patient have poor (less than 4 Metabolic Equivalent (METS)) or unknown functional capacity?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Question 4	<p>Has the patient had any of the following?</p> <p><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque <input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Normal stress test within the last year</p>



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Fill out the following section if submitting for any of the following: **Shortness of Breath**

Question 1	<p>Does the patient have any of the following symptoms?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained shortness of breath or dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> History of presyncope or syncope</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained shortness of breath or dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
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Question 2	<p>Which of the following findings were documented at the most recent encounter?</p> <table><tr><td><input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy (GDMT) or documented intolerance to GDMT.</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> New onset of heart failure with an undetermined etiology</td><td></td></tr></table>	<input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy (GDMT) or documented intolerance to GDMT.	<input type="checkbox"/> None of the above	<input type="checkbox"/> New onset of heart failure with an undetermined etiology							
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<input type="checkbox"/> New onset of heart failure with an undetermined etiology											
Question 3	<p>If the patient has shortness of breath, do they have any of the following in addition?</p> <table><tr><td><input type="checkbox"/> Inconclusive stress test</td><td><input type="checkbox"/> Congenital Heart Disease (known or suspected)</td></tr><tr><td><input type="checkbox"/> Uninterpretable ECG</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Inability to exercise</td><td><input type="checkbox"/> Not applicable, the patient does not have shortness of breath.</td></tr></table>	<input type="checkbox"/> Inconclusive stress test	<input type="checkbox"/> Congenital Heart Disease (known or suspected)	<input type="checkbox"/> Uninterpretable ECG	<input type="checkbox"/> None of the above	<input type="checkbox"/> Inability to exercise	<input type="checkbox"/> Not applicable, the patient does not have shortness of breath.				
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Question 4	<p>Has the patient had any of the following?</p> <table><tr><td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td></tr><tr><td><input type="checkbox"/> Normal stress test within the last year</td></tr><tr><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="checkbox"/> Normal stress test within the last year	<input type="checkbox"/> None of the above							
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Fill out the following section if submitting for any of the following: **Heart Block, Ventricular Arrhythmia, Sinus Node Dysfunction**

Question 1	<p>Which of the following findings were documented at the most recent encounter?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> History of presyncope or syncope</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
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<input type="checkbox"/> Acute chest pain											
Question 2	<p>Is the patient suspected to have inducible conduction abnormalities related to ischemia?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
Question 3	<p>Does the patient have any of the following?</p> <table><tr><td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td><td><input type="checkbox"/> Patient has a contraindication to vasodilators (e.g., adenosine, regadenoson, and dipyridamole)</td></tr><tr><td><input type="checkbox"/> Normal stress test within the last year</td><td><input type="checkbox"/> Pregnancy</td></tr><tr><td><input type="checkbox"/> Unstable cardiac or pulmonary conditions</td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="checkbox"/> Patient has a contraindication to vasodilators (e.g., adenosine, regadenoson, and dipyridamole)	<input type="checkbox"/> Normal stress test within the last year	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Unstable cardiac or pulmonary conditions	<input type="checkbox"/> None of the above				
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Fill out the following section ONLY if submitting for the following: **Ventricular Arrhythmia**

Question 1	<p>Is the patient being evaluated for ischemic triggers for Ventricular Tachycardia or Ventricular Fibrillation (VT/VF) in Ischemic Cardiomyopathy?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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