



## eNCL INVESTIGATION ADHOC (DOWNTIME FORM)

### TYPE OF EXAMINATION

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 2D Echo (TTE) - 75A001OS   | <input type="checkbox"/> Holter (24 hrs) - 75A004 (24H)    | <input type="checkbox"/> Lower Limb Ultrasound Doppler (Arterial) - 75A027  |
| <input type="checkbox"/> 2D Echo Valvular Quantification (EVQ) - 75A001 (EVQ)OS               | <input type="checkbox"/> Holter (48 hrs) - 75A004 (48H)    | <input type="checkbox"/> Upper Limb Ultrasound Doppler (Arterial) - 75A030  |
| <input type="checkbox"/> ECHO TDI *LV Dysynchrony Assessment - 75A033OS                       | <input type="checkbox"/> Holter 12 leads - 75A004 (12LEAD) | <input type="checkbox"/> Pseudoaneurysm Ultrasound - 75A032                 |
| <input type="checkbox"/> Contrast 2D ECHO - 75A039OS  | <input type="checkbox"/> King of Hearts (KOH) - 75A021     | <input type="checkbox"/> ABI - Ankle Brachial Index - 75A017                |
| <input type="checkbox"/> Detailed Adult Congenital Echo - 75A040OS                            | <input type="checkbox"/> Rhythm Card (RC) - 75A023         | <input type="checkbox"/> DVT/ Venous Assessment Ultrasound Doppler - 75A028 |
| <input type="checkbox"/> Dobutamine Stress Echo<br>(As per Medication Form for DSE procedure) | <input type="checkbox"/> ABPM(24hrs BP monitoring)- 75A038 | <input type="checkbox"/> Carotid Doppler - 75A029                           |
| <input type="checkbox"/> Transesophageal Echo (TEE) - 75A008OS                                | <input type="checkbox"/> Stress Test - 75A003OS            | <input type="checkbox"/> Electrocardiogram (ECG)                            |
| <input type="checkbox"/> Stress Echo (SE) - 75A007OS  | <input type="checkbox"/> Pacemaker / ICD / Bivent Check    | <input type="checkbox"/> Others. Please indicate the type of examination:   |

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### CLINICAL SUMMARY/ INDICATION

- ☐ Chest Discomfort
- ☐ Ischemic evaluation Checkbox
- ☐ Low Gradient AS Evaluation
- ☐ Palpitations
- ☐ Post MI
- ☐ Post OP - CABG
- ☐ Post PTCA
- ☐ Pre-op evaluation
- ☐ Viability Test

Indication / To look for :

- ☐ Others. Please indicate the clinical summary:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_