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6122 W Pierson Rd
Unit 1
Flushing, MI 48433
(810) 600-3399
(810) 600-3398 Fax

Pre-Test Orders

Patient's Name: _____ DOB: _____

SS#: _____ Date of scheduled procedure: _____

Please have the following tests performed 3-7 days prior to your procedure (between / / and / /) at the hospital or lab approved by your insurance. If you go to McLaren, please bring this slip with you to patient registration (1-north) Monday through Friday, 7:00am-4:30pm. NO APPOINTMENT NEEDED

*****Please note: Certain insurance plans DO NOT cover the following labs and you may receive a bill for these tests from the lab facility. *****

*****PATIENT DOES NOT NEED TO FAST. DRAW ALL LABS*****

- **Magnesium**
DX Code: 427.9 Cardiac dysrhythmia, unspecified
- **CBC with differential**
DX Code: 780.79 Malaise and fatigue, other
- **Prothrombin time / INR**
DX Code: 286.7 Coagulation
- **Potassium, BUN, creatinine**
DX Code: V72.81 Pre-op cardiovascular exam
- **Basic Metabolic Panel**
DX Code: V72.81 Pre-op cardiovascular exam
- **BNP**
DX Code: 428.0 CHF

TO THE LAB: Please fax all test results with this cover sheet to **(810) 600-3398**

Physician's Signature: _____