Local Home Health Provider

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Phone: _____

Fax: _____

Ambulatory Cardiac Monitoring

Prescription and Clinical Evaluation

Customer Support: (877) 337-7111
Web: www.virtuox.net

1 Patient Information:

NAME		GENDER	DOB (mm/dd/yyyy)
ADDRESS	CITY	STATE	ZIP

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

PREFERRED WRITTEN LANGUAGE	PREFERRED SPOKEN LANGUAGE
EMERGENCY CONTACT	EMERGENCY PHONE

2 Insurance: ☐ Check here if self-pay

PRIMARY PAYER	ID #	GROUP #	PHONE
SECONDARY PAYER	ID #	GROUP #	PHONE

3 Prescriber Information:

NAME	ADDRESS	CITY / STATE / ZIP
PHONE	FAX	NPI
REFERRAL COORDINATOR	PHONE	EMAIL

4 Reasons For Test: (Check all that apply. Ensure these are documented in the patient's medical record and fax over with this order)

- ☐ Detection of symptomatic transient/paroxysmal dysrhythmia when frequency symptoms is limited and 24-hour ambulatory ECG is unlikely to capture/record the dysrhythmia.
- ☐ Other testing like 24-hour ambulatory ECG has been unrevealing
- ☐ Prolonged monitoring is required specifically to ensure absence of atrial fibrillation prior to discontinue of anticoagulation therapy
- ☐ Evaluation of atrial fibrillation for rhythm and/or rate control when results will directly impact clinical decision-making
- ☐ Cryptogenic stroke with suspected occult atrial fibrillation as the cause of the stroke
- ☐ Monitoring arrhythmia status following an ablation procedure
- ☐ Cardiac arrhythmias suspected from Intermittent Symptoms:

☐ Syncope ☐ Presyncope ☐ Palpitations ☐ Dizzyness ☐ Bradyarrhythmia ☐ Tacharrhythmia

5 Diagnostic Codes: (Check all that apply)

☐ R00.2 Palpitations	☐ R00.1 Bradycardia, unspecified	☐ I47.1 Supraventricular tachycardia
☐ R55 Syncope and collapse	☐ R42 Dizziness and giddiness	☐ Other: _____
☐ I48.0 Paroxysmal atrial fibrillation	☐ R00.0 Tachycardia, unspecified	

6 Test Procedures:

External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis; technical support for connection and instructions for use, remote attended surveillance, analysis and transmission of data reports by a physician.

- ☐ **Ambulatory Cardiac Monitoring: *Days to monitor: ☐ 3 ☐ 7 ☐ 14 ☐ Other:____**
- ☐ **Ambulatory Cardiac Monitoring & Home Sleep Test: *Days to monitor: ☐ 3 ☐ 7 ☐ 14 ☐ Other: ____ ICD10 for HST:____**
- ☐ **Ambulatory Cardiac Monitoring & Overnight Pulse Oximetry: *Days to monitor: ☐ 3 ☐ 7 ☐ 14 ☐ Other: ___ ICD10 for POX:____**

If the patient's insurance carrier does NOT reimburse for a Mobile Cardiac Telemetry Test, please accept this as my written order for a Wireless Event Monitoring Test procedure with Home Hook up.

**Days to monitor will default to 7 days for Mobile Cardiac Telemetry and 30 days for Wireless Event Monitoring Test Procedure if left blank.*

7 Prescriber Signature & Certification: (Stamped dates / signatures not valid. Must be signed by Prescriber / PA / NP)

☐ Ordering Physician will complete interpretation.

☐ Allow VirtuOx to complete interpretation (If VirtuOx does not have Interpreting Physician in the patient s state, a detailed summary report will be provided)

Sign Here: _____ **Date:** _____

Please fax completed order form, insurance card and progress notes to determine medical necessity to (888) 207-2620

Rev. 03/2022