



PO7070



ACCOUNT NO.
MED. REC. NO
NAME
BIRTHDATE

**NONINVASIVE CARDIAC SERVICES
TRANSESOPHAGEAL
ECHOCARDIOGRAM (TEE) ORDER**

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Patient Identification

PATIENT INFORMATION

Date:

Patient Name: _____ Date of Birth: _____ Gender: _____

MRN: _____ ☐ Please Call Patient. ☐ Patient will call to schedule

Patient Phone: _____ Please attach: **Demographics, Medication, and Allergies list**

Insurance Authorization #: _____ **Must be included for scheduling**
(THIS IS THE RESPONSIBILITY OF THE ORDERING PROVIDER'S OFFICE)

Referring Provider: (PRINT) _____ Phone: _____

Research: Yes ☐ No ☐ Pager/Fax# _____

Authorizing Provider's Signature: _____

Circle scheduling preference: ☐ Urgent (1-3 days) ☐ 1-2 weeks ☐ w/in 1 month ☐ w/in 3 months
☐ other (____ / ____ / ____)

EXAM

HISTORY & ORDER QUESTIONS

(TEE) Transesophageal Echocardiogram)

- ☐ Standard TEE
- ☐ TEE with Cardioversion
- ☐ TEE with Anesthesia

Associated Diagnosis:

ICD10

Indication:

- ☐ R/O Intracardiac Thrombus
- ☐ Nondiagnostic TTE
- ☐ Planned cardioversion
- ☐ Infective Endocarditis
- ☐ Periprocedural guidance
- ☐ Cardiac Surgery
- ☐ Aortic Dissection
- ☐ Suspect Cardiovascular source of Embolus

Is Anesthesia required for this procedure? ☐ Yes ☐ No

Criteria for requiring Anesthesia: (Choose all applicable boxes)

- ☐ NYHA Class III decompensation
- ☐ NYHA Class IV symptoms ☐ Ejection Fractions <35% ☐ Severe pulmonary hypertension RVSP >55
- ☐ BMI >45 ☐ BMI >60 ☐ PE
- ☐ Greater than mild RV dysfunction ☐ Central sleep apnea ☐ Home O2 use
- ☐ Airway abnormalities ☐ Severe OSA untreated with CPAP/biPAP ☐ Unstable Arrhythmia
- ☐ Pregnancy requiring fetal monitoring
- ☐ Airborne precautions (tuberculosis, eg)
- ☐ Unknown-Outside Referral
- ☐ Severe liver disease, varices, encephalopathy
- ☐ Severe psychiatric disease; severe anxiety/PTSD
- ☐ Substance abuse, active opioids, active benzodiazepines
- ☐ Previous failed moderate sedation
- ☐ Adult congenital heart disease



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Patient Identification

☐ Cardiopulmonary Shunt

☐ Other _____

☐ Need for intubation ☐ None

☐ Yes ☐ No Is the patient on **GLP-1 medication**?

(ie: Ozempic (Semaglutide), Rybelus, Wegovy, Trulicity (Dulaglutide), Victoza (Liraglutide), Byetta (Exenatide))

☐ Daily: (hold the medication day of procedure).

☐ Weekly: (hold the medication 1 week prior to procedure).

☐ Yes ☐ No Is the patient on **SGLT-2 medication**?

(ie: empagliflozin, dapagliflozin, canagliflozin, ertugliflozin, sotagliflozin, bexagliflozin)

☐ If Yes: Hold for 4 days prior to the procedure **OR** do not hold medication; discussion with anesthesia is required.

History & Order Questions:

☐ Yes ☐ No History of dysphagia/odynophagia (painful swallowing)?

☐ Yes ☐ No History of esophageal disease (stricture, diverticulum, etc.)?

☐ Yes ☐ No History of esophageal surgery (dilation, etc.)?

☐ Yes ☐ No History of esophageal varices or bleeding?

☐ Yes ☐ No 3D volumetric image acquisition for quantification of LV volumes and EF?

☐ Yes ☐ No 3D volumetric image acquisition to evaluate cardiac valves and structure?

☐ Yes ☐ No Is this paid for by an IRB-approved research study?

☐ Yes ☐ No **** Is an agitated saline contrast study requested?**