CARDIAC IMAGING REQUEST

SHIRE MEDICAL IMAGING

PATIENT DETAILS

Name* DOB*

Address*

Contact Number*

Medicare Number

☐ Workers Comp

☐ Third Party

MEDICARE ELIGIBLE EXAMINATIONS

☐ CT Coronary Angiogram (Specialist Referral)

- ☐ The patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for coronary angiography.
- ☐ The patient requires exclusion of coronary artery anomaly or fistula.
- ☐ The patient will be undergoing non-coronary cardiac surgery.

☐ Calcium Score Only (GP or Specialist Referral)

☐ TAVI Workup (GP or Specialist Referral)

☐ Other

MEDICAL HISTORY & PRECAUTIONS

MEDICAL HISTORY

(include previous revascularisation procedures)

☐ Prior Myocardial Infarct

☐ Prior Coronary Stent/ Angioplasty

☐ Coronary Bypass Graft ☐ LMA ☐ RIMA

☐ Heart Failure

☐ Previous CTCA

☐ Pacemaker

☐ Myeloma

CLINICAL NOTES

PRECAUTIONS

Notify us at booking if any of the below boxes are ticked, as the scan may not be possible.

☐ Atrial Fibrillation / High Grade Ectopy

☐ Advanced Heart Block

☐ Contraindication to Beta Blockers

☐ Pacemaker

For Renal Function (most recent eGFR): Date:

Diabetes: Yes ☐ No ☐ If yes, patient should cease Metformin on examination day.

REFERRER DETAILS

Name* Speciality*

Address* Provider Number*

Contact Number* Fax Number:

*Must be completed

Signature* Date*

All reports and images are available electronically. Please tick below for your additional requests.

☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

SHIRE MEDICAL IMAGING

PATIENT PREPARATION

- No caffeine products (coffee, tea, cola, energy drinks etc.) or food should be consumed 4 hours prior to the exam
- Do not use stimulant medication within 36 hours of your appointment
- If you are diabetic on any oral medication containing Metformin, or if you have kidney disease, please bring a copy of recent kidney function tests
- If you are diabetic please do not take any oral diabetic medications on the morning of the scan. If you use insulin, please administer half the usual dose on the morning of the scan as you will be fasting
- Drink 3-4 glasses water prior to the study
- No exercise 12 hours prior to your scan
- The CT Scan takes less than 10 minutes but we generally need to administer medications to slow your heart rate for the scan, often more than once
- Expect to be in our practice for between 1 to 4 hours

Appointment Date: **Appointment Time:**

Preparation Notes:

Scan to request an appointment online

	X-Ray	Ultrasound	Bone Density Study (BMD)	Mammography	Dental/OPG	CT	MRI	CT Calcification Scoring & Cardiac Angiography	Interventional Radiology & Pain Management
Shire Medical Imaging	■	■	■	■	■	■	■	■	■
Bankstown Lidcombe Medical Imaging	■	■		■	■	■	■	■	■
Oran Park Radiology	■	■	■	■	■	■	■	■	■

*Your doctor has recommended you use **Shire Medical Imaging.***
You may choose another provider but please discuss this with your doctor first.

SHIRE MEDICAL IMAGING

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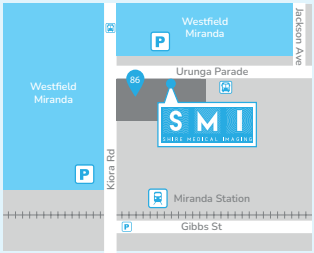

Free 3 hour parking at Westfield Miranda

BANKSTOWN LIDCOMBE MEDICAL IMAGING

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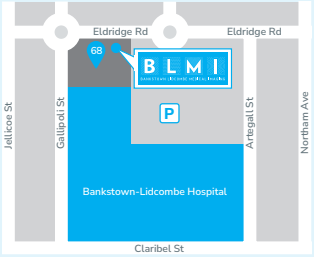

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