

Time of Appointment:

Date: / /

PATIENT DETAILS: Mr / Mrs / Miss / Ms

Name:

DOB: / /

Telephone:

Medicare No:

Copy to:

CONSENT

Is there any chance the patient may be pregnant? Y N

Signature: **X**

STUDY REQUESTED

- Coronary CT Angiogram
- Carotid Doppler
- Coronary Calcium Score
- TAVI
- Other Studies

Previous Revascularization Procedures and relevant clinical history. Include functional test results. (If known)

INDICATIONS

- The patient shows stable or acute symptoms consistent with coronary ischemia and has a low to intermediate risk of an acute coronary event. This is supported by no significant elevation in cardiac biomarkers and no electrocardiogram changes indicating acute ischemia (item 57360). *Benefits are not payable for item 57360 more than once in a five year period following a service to which itself or 57364 applies that detected no obstructive coronary artery disease, unless the patient meets the eligibility criteria for selective coronary angiography (items 38244, 38247, 38248 or 38249).*
- Unable to perform a functional test and/or Chest pain with equivocal functional test.
- Exclusion or evaluation of coronary anomaly or fistula.
- Evaluation of coronary arteries prior to non coronary cardiac surgery.
- To exclude coronary artery disease as the cause of heart failure.
- The patient meets eligibility criteria for services covered by item 38247, 38249, or 38252, but needs an assessment of bypass graft patency (Item 57364) instead of selective coronary angiography.

MEDICAL HISTORY

- Prior Myocardial Infarct
- Pacemaker
- Diabetes
- Heart Failure
- Prior Coronary Stent / Angioplasty
- Coronary Bypass Graft
- Renal Impairment
- Atrial Fibrillation / Frequent Ectopics
- Advanced Heart Block

RISK FACTORS

- Smoker
- Current
- Ex-Smoker >1 year
- Hypertension
- Family history < 60 years
- Diabetes
- Hyperlipidaemia
- Past history of IHD

FOR proRAD USE ONLY.

PROCEDURE: _____

APPROVED BY: _____

SIGNATURE: _____ DATE: / /

ALLERGIES

- CT Contrast / Iodine
- Other:

If diabetic, does treatment include Metformin? Y N

Renal Function - eGFR _____ Creatinine _____

Date of renal function: ____ / ____ / ____

CURRENT MEDICATION

- Aspirin
- ACEI / ARB
- Clopidogrel
- Ezetrol
- Beta Blocker
- Digoxin
- Statin
- Viagra / Levitra
- Metformin
- Fibrate
- Verapamil / Diltiazem

REFERRER DETAILS:

Referring Dr:

Provider No.:

Address:

Phone No.:

Fax:

Signature: **X**

Date: / /

SPECIAL INSTRUCTIONS

If diabetic or known kidney disease (including transplant), or on metformin, recent eGFR levels will be required. Take heart medication as normal and please bring a list of all medication you are taking. You will need to have someone with you to drive you home, If a driver is not available please use public transport or taxi.

36 hours prior to the appointment do not use heart stimulant medication eg Viagra, or weight loss tablets eg Duromine. 24 hours prior to the appointment - no caffeine products, this includes, tea, coffee, green/herbal teas, chocolate, energy drinks, decaf coffee or soft drinks. No Smoking on the day of the scan.

On the morning of the appointment, maintaining proper hydration is essential for this scan, so make sure to drink enough water. It is important to fast from all food for 4 hours before the scheduled examination time. No exercise the morning of the scan.

Take insulin as normal and bring medications. Please allow up to 3 hours in clinic.

For your convenience, please arrive at the appointment 15 minutes before the examination to undergo a pre-exam assessment. During this assessment, a Cardiac CT Radiographer will monitor your blood pressure and heart rate to determine if you need any beta-blocker medication, which helps slow down the heart rate, before the scan. If beta-blockers are necessary, it will take approximately 1 hour for the medication to take effect.

Please follow these instructions to help ensure a successful CTCA examination and avoid delay.

A fee may be applicable.

proRAD Medical Imaging

Shop 26 / 20 Mt Derrimut Road,
Derrimut, Victoria 3026
Phone: 03 8657 4311
Fax: 03 8657 4312

Book your appointment online

Book online with proRAD's online booking service. You can look for an appointment online via desktop or mobile.

For some more complex procedures you may still require a phone call from us to confirm.



Use the QR code to request an appointment

Book online at
www.prorad.com.au

Alternatively, call us on 8657 4311 to speak to someone about an appointment.

OPENING TIMES

Monday : 8:30AM - 5:00PM
Tuesday : 8:30AM - 5:00PM
Wednesday : 8:30AM - 5:00PM
Thursday : 8:30AM - 5:00PM
Friday : 8:30AM - 5:00PM

Saturday + Sunday: CLOSED

Derrimut Village

