CARDIAC CT IMAGING REQUEST





PATIENT DETAILS	PATIENT INFORMATION
Name:	Pregant: Yes No Pacemaker: Yes No
Address:	Resting heart rate (bpm):
	Allergies:
Date of birth: Male Female	Medications:
Phone:	
Medicare no:	RISK FACTORS
REFERRAL / REQUEST(S) FOR	☐ High cholesterol ☐ Hypertension
Calcium scoring – non-rebateable	☐ Diabetes ☐ Family history of CAD
Coronary angiogram (CTCA) – rebateable (see below)	Smoker / ex-smoker
Coronary angiogram (CTCA) – non-rebateable	Renal impairment: Yes No
Coronary bypass graft angiogram study	Date: Creatine: eGFR:
☐ TAVI	CLINICAL DETAILS
Pre-ablation pulmonary vein isolation (PVI)	CEINICAE DE FAIES
MEDICARE BENEFITS SCHEDULE	
 To qualify for a Medicare rebate for a CT coronary angiogram, the following criteria MUST be met: 1. The referrer must be a specialist or consultant physician, and 2. For MBS item no. 57364, at least one of the following must apply to the patient: The patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology The patient requires exclusion of coronary artery anomaly or fistula The patient will be undergoing non-coronary cardiac surgery The patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts or MBS item no. 57360, a patient not known to have coronary artery disease who: Has a stable or acute symptoms consistent with coronary ischaemia and Is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaema 	EXAMINATION PREPARATION For CTCA only No contraindication to beta blockers <60 bpm No pre-medication required. 60-70 bpm Heart rate will be assessed at time of scan. Beta blockers can be given in the imaging department. Total examination may take up to two hours. >70 bpm We recommend 50mg Metoprolol orally two hours prior to the scan time. Further preparation No caffeine drinks or food for 12 hours prior (coffee, tea, energy/sports drinks, cola or chocolate) No Viagra, Cialis, Levitra or similar for 48 hours prior Take all other medications as normal You may continue to drink water or clear fluids We recommend that someone drives you home after the scan
REFERRER DETAILS	
Name:	Provider no:
Address:	
Phone: Fax:	Signature: Date:
Copies of report to:	

Cabrini Medical Imaging 183 Wattletree Road, Malvern VIC 3144 tel: 03 9508 1351 | fax: 03 9508 1981

You are free to take this to a provider of your choice. Please discuss with your doctor.