CARDIAC IMAGING REQUEST

ORAN PARK RADIOLOGY

PATIENT DETAILS

Name* **DOB***

Address*

Contact Number* ☐ Workers Comp

Medicare Number ☐ 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.

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PATIENT PREPARATION

- ☐ **X-RAY/OPG:** No appointment or preparation required.
- ☐ **CT:** You will receive instructions before your appointment.
- ☐ **ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- ☐ **ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.
- ☐ **MAMMOGRAPHY:** Do not wear perfume, deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.
- ☐ **MRI:** As advised by booking clerk.

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 Calcium Scoring & Cardiac Angiography	Interventional Radiology & Pain Management	Euflexxa Injections
Oran Park Radiology	■	■	■	■	■	■	■	■	■	■
Bankstown Lidcombe Medical Imaging	■	■		■	■	■	■	■	■	■
Shire Medical Imaging	■	■	■	■	■	■	■	■	■	■

Your doctor has recommended you use **Oran Park Radiology.**
You may choose another provider but please discuss this with your doctor first.

ORAN PARK RADIOLOGY

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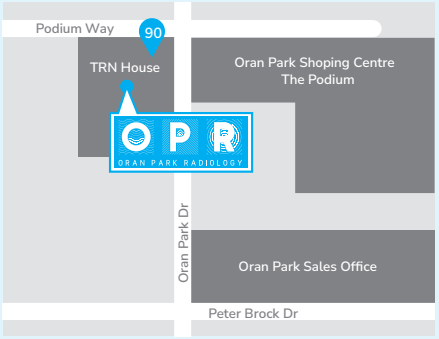

SHIRE MEDICAL IMAGING

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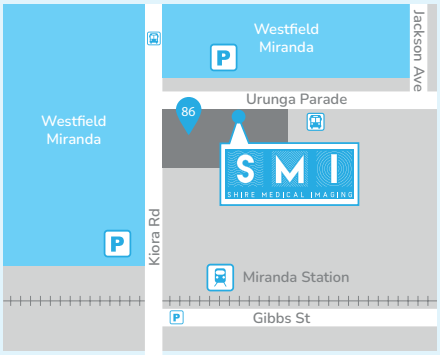

Free 3 hour parking at Westfield Miranda

BANKSTOWN LIDCOMBE MEDICAL IMAGING

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