

# Cardiac CT Imaging Request



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| LEASE BRING PREVIOUS FILMS OR CD FOR COMPARIS   | SON   |               |   |
|---|---|---------------|---|
| NAME:   |   |               | IODINE ALLERGY  |
| DATE OF BIRTH: MEDICARE NO.:  |   | Pa            | YES NO  |
| TELEPHONE NO.:  |   | Patient       | EGFR:   |
| ADDRESS:  |   | 규             | 0.001000  |
| POSSIBILITY OF PREGNANCY? YES NO UNSURE I WORKERS COMPENSATION  |   |               | Creatinine:   |
| CLINICAL INDICATION/S  Medicare eligible scan /indicate prerequisite symptom/s plus other significant symptoms)  Stable symptoms consistent with coronary ischaemia, at low to intermediate risk of coronary artery disease and would have been considered for angiography  Exclusion of coronary artery anomaly or fistula  Undergoing non-coronary cardiac surgery        |   |               | Date of test:  Location of test:  THYROID  NORMAL   |
| Non-Medicare eligible scan  Calcium scoring - Please document risk factors  |   |               | HYPERACTIVE   |
|   |   |               | HYPOACTIVE  |
| CLINICAL HISTORY  |   | Exam          | Medication (if applicable):   |
| CONTRAINDICATION Please inform us at the time of 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  | CURRENT MEDICATION  Aspirin  Beta Blocker  Statin  Verapamil/Diltiazem  Fibrate  Clopidogrel  ACEI/ARB  Ezetrol  Other CCB  Digoxin   | ā             | Office use only.  Admin Name:   |
| RISK FACTORS  Please inform us at the time of booking if any of the below boxes are ticked, as the scan may not be possible.  Smoker: Current Ex-Smoker > I year  Hypertension Hyperlipidaemia  Diabetes Family History <60 years  Moderate absolute cardiovascular risk  Low absolute cardiovascular risk with additional risk enhancing factors  ALLERGIES  Iodine Other: | MEDICAL HISTORY/OTHER RELEVANT SYMPTOMS (include previous revascularisation procedures)  Prior Myocardial Infarct  Prior Coronary Stent/Angioplasty  Coronary Bypass Graft  Heart Failure  Myeloma  Currently on Beta Blockers / Anti-Arrhythmics |               | Address: Phone No: Procedure: Referrer: Referrer Practice/Clinic: CC Dr: Initial Tech Name: Gender: |
|   | DATE:   | Re            | DOB:  |
|   | SIGNATURE:  COPIES TO:  | Referring Dr. | Procedure:  Left/Right:  Referrer:  Referrer Practice/Clinic:  CC Dr:                               |
|   |   |               | PREGNANT:   |
| OUR DOCTOR HAS RECOMMENDED THAT YOU USE I-MED<br>DU MAY CHOOSE ANOTHER PROVIDER BUT PLEASE DISCI  |   |               | Initial   |

Results SECURE DOWNLOAD FAX CD REQUEST FOR I-MED ONLINE SETUP I REQUEST FOR NEW REFERRAL PADS

#### PLFASE NOTE

Some examinations require special preparation. Please check when making your appointment. (Appointments are not required for X-ray or OPG)



· Bulk billing available for most Medicare eligible procedures for pension and healthcare

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As a patient, you trust your doctor

to make decisions regarding your health. So you know that your

referral to I-MED Radiology puts

Why choose I-MED Radiology?

card holders

available<sup>3</sup>

### **CLINIC LIST**



#### **BELCONNEN**

40 Cameron Street. Belconnen ACT 2617

Tel: 6109 6900 Fax: 6109 6949



Canberra Specialist Centre Suites A2, 161 Strickland Cres Deakin ACT 2600

Tel: 6124 1900 Fax: 6124 1950



## **Book your** appointment online

you in good hands. \*subject to patient preparation

With I-MED Radiology's new online booking service, you have the ease and convenience of booking your appointment online via mobile or desktop.

For most procedures, you can browse for a time and location that is convenient to you. Some of the more complex procedures will still require a phone call from us to confirm.



\*Due to complexity of some procedures an online appointment may not be available

# Cowlishaw St Reed St thllon Drive **Anketell St** Scollay St Soward St

#### **TUGGERANONG**

167 Soward Wav Greenway ACT 2900

Tel: 6293 2922 Fax: 6293 1212



#### WODEN

Woden Specialist Medical Centre Ground Floor, 90 Corinna St. Woden ACT 2606

Tel: 6214 2222 Fax: 6281 4261

For more I-MED Radiology clinic details visit i-med.com.au Not all procedures are available at all locations

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