

Cardiac CT Imaging Request



Comprehensive care. Uncompromising quality

LEASE BRING FREVIOUS FILMS ON GD FOR GOMFARIA	5011		
NAME:			IODINE ALLERGY
DATE OF BIRTH: MEDICARE NO.:		Pa	YES ONO
TELEPHONE NO.:		Patient	EGFR:
ADDRESS:		큐	
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 Non-Medicare eligible scan Calcium scoring - Please document risk factors CLINICAL HISTORY			Date of test: Location of test: THYROID NORMAL HYPERACTIVE HYPOACTIVE 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	Exam	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:	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: SIGNATURE: COPIES TO:	Referring Dr.	DOB: Procedure: Left/Right: Referrer: Referrer Practice/Clinic: CC Dr: PREGNANT:
OUR DOCTOR HAS RECOMMENDED THAT YOU USE I-MED OU 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

PLEASE NOTE

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



CLINIC LIST



BELCONNEN

40 Cameron Street, Belconnen ACT 2617

Tel: 6109 6900 Fax: 6109 6949

Reed St

Anketell St

(on street paid parking available)



DEAKIN

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

Tel: 6124 1900 Fax: 6124 1950

(paid parking available at back of building Limited free street parking available)



TUGGERANONG

thllon Drive

167 Soward Way Greenway ACT 2900

Scollay St

Soward St

Tel: 6293 2922 Fax: 6293 1212

(on-site parking available)

WODEN

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

Tel: 6214 2222 Fax: 6281 4261

(enter through the sliding doors on the right - Entry 1. Westfield parking available)

Why choose I-MED Radiology?

- Bulk billing available for most Medicare eligible procedures for pension and healthcare card holders
- Same day appointments available*
- Fast report turnaround
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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 you in good hands.

*subject to patient preparation

Book your appointment online

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.

Book online at **booki-med.com.au**

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

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

Cowlishaw St

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