

## CARDIOVASCULAR IMAGING REQUEST

Patient Name: .....

Address: .....

Postcode: ..... D.O.B: .....

Phone: ..... Mobile: .....

### CARDIOVASCULAR CT

- TAVI Workup
- Congenital Heart Disease
- Pulmonary Vein Assessment (RFA Planning)
- Aortic Assessment
- LAA Device Planning
- Other .....

### NUCLEAR CARDIOLOGY

- Gated heart pool scan
- Cardiac Perfusion (MIBI)
- Cardiac Perfusion (MIBI)
  - Exercise stress
  - Pharmacological stress
- Pyrophosphate Scan (cardiac amyloid)

### ECHOCARDIOGRAPHY

(provided by San Echocardiography)

- Trans-Thoracic (TTE)
- Trans-Oesophageal (TOE)
- Trans-Oesophageal with PVI (TOE-PVI)

### CLINICAL NOTES (please attach any relevant letters or prior reports)

Contraindication for beta blocking? Yes / No      What is current Creatinine? .....

Any previous IV contrast allergy? Yes / No      What is current eGFR? .....

Is the patient diabetic? Yes / No      .....

### CORONARY CT

Medicare eligible (SPECIALIST REFERRAL ONLY)

#### CT Coronary Angiography

- 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 undergo non-coronary cardiac surgery

Non Medicare eligible

#### CT Coronary Angiography

- Other: eg. GP Referral and/or does not comply with the item number descriptors listed above

#### Coronary Calcium Score

- Coronary Calcium Score

### CARDIOVASCULAR MRI

Medicare eligible (SPECIALIST REFERRAL ONLY) for the assessment or exclusion of:

- Congenital disease of the heart or a great vessel
- Tumour of the heart or great vessels
- Abnormality of the thoracic aorta (thoracic aortic dissection, aneurysm, Marfan's etc)
- Vascular abnormality with previous anaphylactic reaction to contrast
- Obstruction of the SVC, IVC or major pelvic vein
- ARVC
  - Symptoms of
  - Investigative findings of
  - Asymptomatic with 1st degree relative with ARVC

Non Medicare eligible

- Acquired Pericardial/ Myocardial non-neoplastic infiltration/inflammation/ ischaemia/fibrosis (including sarcoidosis, amyloidosis, ischaemic viability/scar assessment)
- Acquired valvular disease
- Other .....

### REFERRER DETAILS

Name: ..... Provider No: .....

Address: .....

Copy to: .....

Phone: ..... Fax: .....

Signature: ..... Date: .....

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE TICK FOR PRINTED IMAGES



All images are available on-line only unless otherwise requested

**PLEASE REMEMBER TO BRING THIS REQUEST FORM AND ANY RELEVANT PREVIOUS FILMS TO YOUR APPOINTMENT**

### MY APPOINTMENT DETAILS:

Appt Date: ..... / ..... / .....

Appt Time: .....

MRI - High Resolution (3T)

CT - Dual Source, ULTRA Low Dose

General Ultrasound

Vascular Ultrasound

Echocardiography

2D/3D Mammography

Digital X-Ray

EOS® – Long Length Imaging

Interventional Procedures

PET-CT

Nuclear Medicine

Bone Mineral Densitometry

### PATIENT PREPARATION TABLE

*\* If you are DIABETIC, please ensure that you inform our staff at the time of you booking as different preparation instructions may apply.*

#### Coronary Angiography (CTCA)/Cardiovascular CT

- No food for 4 hours (unless Diabetic\*)
- Maintain normal fluid intake
- Avoid strenuous exercise and smoking
- (CTCA only) Take all regular medication, except Viagra, Levitra and/or Cialis which MUST be ceased 3 days prior

#### Cardiac Perfusion (MIBI)

- No food for 4 hours (unless Diabetic\*)
- Maintain normal fluid intake
- Wear comfortable clothes and shoes
- No caffeine 24 hours prior (tea, herbal tea, coffee, chocolate, cola)
- If OK by referring doctor:
  - 48 hours prior; NO betablockers, persantin, asasantin or theophylline
  - 24 hours prior; NO calcium antagonists

#### Cardiovascular MRI

- Avoid eating food for 4 hours (unless diabetic\*)
- Maintain normal fluid intake, but avoid caffeine (e.g. tea and coffee)
- Avoid strenuous exercise
- Avoid smoking

#### Echocardiography

- Trans-Thoracic Echocardiography (TTE)
  - No preparation is required
- Trans-Oesophageal Echocardiography (TOE)
  - Nothing to eat or drink for 6 hours prior to your appointment.
  - If you are required to take tablets, mention this to the Radiology Nurse who will contact you prior to your procedure.
  - After the procedure you will be observed for approximately 2 hours.
  - You will need someone to drive you home and stay with you overnight.
- Trans-Oesophageal Echocardiography with PVI (TOE-PVI)
  - Please consult your Cardiologist.



### HOW TO FIND US:

- Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1)
- Park in **P1** for San Radiology
- Park in **P2** for Nuclear Medicine

