

Spectrum cardiac imaging



Website: www.spectrumradiology.com.au

PATIENT INFORMATION

NAME:	D.O.B.	MOBILE:
ADDRESS:		HOME/WORK:
GENERAL PRACTITIONER:		MEDICARE NUMBER:
CARDIOLOGIST (if not referring Specialist)		

EXAMINATION REQUIRED

<input type="checkbox"/> CTCA with calcium score	<input type="checkbox"/> CTCA without calcium score	<input type="checkbox"/> CTCA + Thoracic Aorta	<input type="checkbox"/> Cardiac MRI
<input type="checkbox"/> Calcium score only	<input type="checkbox"/> TAVI Workup		<input type="checkbox"/> Other _____

☐ CT CORONARY ANGIOGRAM (CTCA)

Medicare eligible scan (57360) **NO time restriction**

Stable or acute symptoms of coronary ischaemia, the patient is at low to intermediate risk of an acute coronary event and;

- ☐ Has **no known** obstructive coronary disease but meets MBS criteria for coronary angiography (invasive); **or**
- ☐ Has **known** obstructive coronary artery disease

Medicare eligible scan (57360) **Once every 5 years**

- ☐ Stable or acute symptoms of coronary ischaemia, the patient is at low to intermediate risk of an acute coronary event and no obstructive coronary artery disease detected on a previous CTCA

Medicare eligible scan (57364) **NO time restriction**

- ☐ Stable symptoms and newly recognised LV systolic dysfunction of unknown aetiology; **or**
- ☐ Requires exclusion of coronary artery anomaly or fistula; **or**
- ☐ Undergoing non-coronary cardiac surgery; **or**
- ☐ Meets MBS criteria for invasive angiography to assess patency of bypass grafts

- ☐ CTCA Non - Medicare eligible scan

☐ MRI CARDIAC

Medicare eligible scan

ARVC is suspected on the basis of diagnostic criteria endorsed by the Cardiac Society of Australia and New Zealand (CSANZ), currently in force and:

- ☐ Symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC)(63395) **or**
- ☐ Investigate findings consistent with ARVC (63397)

Medicare eligible scan (63390)

MRI - scan of the cardiovascular system for the assessment of myocardial structure and function and characterisation, if the service is requested by a specialist or consultant physician who has assessed the patient, and the request for the scan indicates:

- ☐ Acute onset (less than 3 months) heart failure caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; **or**
- ☐ Unexplained arrhythmia caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; **or**
- ☐ Suspected drug-induced myocarditis, where the results from the following examinations are inconclusive to form a diagnosis:
 - i. troponin; and
 - ii. chest x-ray; and
 - iii. transthoracic echocardiogram

Medicare eligible scan (63385)

- ☐ MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Contrast) (Anaes.)

Medicare eligible scan (63388)

- ☐ MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (Contrast) (Anaes.)

Medicare eligible scan (63391)

- ☐ MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (Contrast) (Anaes.)

- ☐ MRI Cardiac Non - Medicare eligible scan:

ADDITIONAL HISTORY:

PRECAUTIONS

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
- ☐ Metallic Implant or Fragment
- ☐ Claustrophobia
- ☐ Weight >120kg
- ☐ Impaired renal Function

ALLERGIES

- ☐ Iodine
- ☐ Other: _____

PRETREATED WITH BETA BLOCKERS

- ☐ Yes
- ☐ No

RISK FACTORS

- ☐ Family History
- ☐ Hypertension
- ☐ <60
- ☐ Diabetes
- ☐ Hyperlipidaemia
- ☐ Smoker

CURRENT MEDICATIONS

- ☐ Beta Blocker
- ☐ Amiodarone
- ☐ Digoxin
- ☐ Other
- ☐ Antiarrhythmic Calcium channel blocker

Referring Doctor

These sections **MUST** be completed.

Signature: _____

Date: _____



PATIENT INFORMATION SHEET

YOUR DOCTOR HAS REQUESTED THAT YOU HAVE A CARDIAC (HEART) CT SCAN OR MRI SCAN

DO I NEED TO MAKE AN APPOINTMENT?

Yes, an appointment is needed for all CT Coronary Angiograms, Calcium Score and Cardiac MRI scans.

Please call our reception staff to book in your examination:

- Alexandria - Cardiac MRI Specialist Centre - 02 9197 8000
Bankstown -
- Miranda CT Coronary Angiogram / Calcium Score - 02 9197 8100
Bondi Junction - CT Coronary Angiogram / Calcium Score - 02 9197 8000
Liverpool - CT Coronary Angiogram / Calcium Score / Cardiac MRI - 02 9197 8100
- CT Coronary Angiogram / Calcium Score - 02 9197 8000
- Randwick, Silver St - CT Coronary Angiogram / Calcium Score - 02 9197 8000

PREPARATION:

- Please bring all previous scans with you.
- No caffeine products (coffee, tea, cola, energy drinks etc) or food should be consumed 4 hours prior to this test.
- Do not use Viagra or similar medications 36 hours prior.
If you are a diabetic on any oral medication containing Metformin, or if you have kidney disease, please bring a copy of recent kidney function tests.
- If possible, have someone accompany you. You may feel dizzy or lightheaded after the scan and may not be able to drive for 1-3 hours.
- Drink 3 - 4 glasses of water prior to the study.
- No exercise on the morning of your scan.
- Do not smoke 4 hours prior to your scan. Nicotine can raise your heart rate.

HOW LONG DOES THIS TEST TAKE?

The CT Scan takes less than 10 minutes, but we generally need to administer medications to slow your heart rate for the scan, often more than once.

An MRI scan takes 45 minutes to 1 hour to complete
Expect to be in our practice for between 1 and 2.5 hours.

DURING THE STUDY:

- Your heart rate and blood pressure will be monitored during and after the test and an ECG performed if necessary.
- A small cannula will be placed in your arm to administer IV contrast (containing iodine or gadolinium), required for this examination. Please let us know if you are allergic to iodine or gadolinium
- You will be asked to hold your breath, and to lie still while we perform the study.

AFTER THE STUDY:

You will be discharged from the clinic as soon as we have confirmed your heart rate and blood pressure are stable. A full report will be sent to your referring doctor following processing and correlation of the study with the attending Cardiologist and Radiologist.

**For our location maps,
parking and services at
each site, scan the QR code.**

www.spectrumradiology.com.au/locations



EAST PHONE NUMBER

02 9197 8000

Alexandria

Shop 2, 540 Botany Road, Alexandria NSW 2015

Fax 02 9197 8079

- MRI, CT, X-RAY, Ultrasound, OPG
- Cardiac MRI Specialist Centre
Open Mon-Fri 8:00am - 5:30pm

Bondi Junction

Tower One, Westfield Shopping Centre,
Suite 1503, Level 15, 520 Oxford Street, Bondi Junction NSW 2022

Fax 02 9197 8059

- CT, X-RAY, Ultrasound, OPG, Cone Beam CT
- Open Mon-Fri 8:00am - 5:00pm

How to get here

Entry Via Oxford Street (TowerOne) Entrance to Tower One Lobby on Oxford Street is located diagonally opposite the **Apple Store**. Take the lifts to Level 15. **Fitness First Platinum (Level 6)**

Take the lifts diagonally opposite Fitness First to level 15.

Entry via Hollywood Avenue (Myer Parking) Take the "upper parking" ramp Park on R1, R2 or R3. On level R1, walk down the sky bridge which will lead you inside the Westfield. You will see lifts on the left hand side. Take lifts up to level 15.

Randwick (Silver Street)

Ground Floor, 13-15 Silver Street, Randwick NSW 2031

Fax 02 9197 8029

- 3T MRI, CT, DEXA, Nuclear Medicine
- Open Mon-Fri 8:00am - 5:30pm

SOUTH PHONE NUMBER

02 9197 8000

Miranda

Ground Floor, Suites 1 and 2, 50-52 Urunga Parade, Miranda NSW 2228

Fax 02 9197 8089

- CT, X-RAY, Ultrasound, OPG, Cone Beam CT
- Open Mon-Fri 8:00am - 5:00pm

SOUTH WEST PHONE NUMBER 02 9197 8100

Bankstown

Ground Floor, 402-410 Chapel Road, Bankstown NSW 2200

Fax 02 9197 8179

- CT, X-RAY, Ultrasound, OPG, Cone Beam CT
- 3D Mammography
- Open Mon-Fri 8:00am - 5:30pm

Campbelltown

Ground Floor, 300 Queen St, Campbelltown NSW 2560

Fax 9197 8189

- CT, X-RAY, Ultrasound, OPG. Cone Beam CT and Interventional Radiology
- Open Mon-Fri 8:00am - 5:30pm

Liverpool

Ground & First Floors, 171 Bigge Street, Liverpool NSW 2170

Fax 02 9197 8119

- MRI, CT, X-RAY, Ultrasound, OPG, Cone Beam CT, 3D Mammography, DEXA
- Open Mon-Fri 8:00am - 5:30pm

Sat 8:00am - 12:00pm

Sydney South West Private Hospital

Level 1, Suite 1-5, 24-40 Bigge Street Liverpool NSW 2170

Fax 02 9197 8169

- MRI, CT, X-RAY, Ultrasound, Interventional Radiology
- Open Mon-Fri 8:00am - 5:30pm