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 REQUESTED:

☐ CTCA **with** calcium score ☐ CTCA **without** calcium score ☐ CTCA + Thoracic Aorta ☐ Cardiac MRI
☐ Calcium score only ☐ Other

☐ CT CORONARY ANGIOGRAM (CTCA)

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.
- ☐ Has **known** obstructive coronary artery.
- ☐ **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.

- ☐ **57364 (No time restriction)** Stable symptoms and newly recognised LV systolic dysfunction of unknown aetiology; **or**
- ☐ **57364 (No time restriction)** Requires exclusion of coronary artery anomaly or fistula; **or**
- ☐ **57364 (No time restriction)** Undergoing non-coronary cardiac surgery; **or**
- ☐ **57364 (No time restriction)** Meets MBS criteria for invasive angiography to assess patency of bypass grafts.

☐ **CTCA Non - Medicare eligible scan:**

☐ MRI CARDIAC

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

- ☐ **63395** Symptoms consistent with arrhythmogenic right ventricular cardiomyopathy **or**
- ☐ **63397** Investigate findings consistent with arrhythmogenic right ventricular cardiomyopathy.

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 echcardiogram
- ☐ **63385** MRI - scan of cardiovascular system for congenital disease of the heart or a great vessel.
- ☐ **63388** MRI - scan of cardiovascular system for tumour of the heart or a great vessel.
- ☐ **63391** MRI - scan of cardiovascular system for abnormality of thoracic aorta.
- ☐ **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: