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:

Structural Cardiac CT Request Form

☐ TAVI Workup

CT Workup for TAVI: 57364
(including coronary artery imaging)

- Undergoing non-coronary cardiac surgery

AND

CT Chest, Abdomen and Pelvis: 56807

- To assess vascular access and exclude pathology prior to surgery

☐ **OPG** ☐ **Carotid Doppler Ultrasound**

Please state maximum dose of metoprolol to be given in the department: (tick one)

☐ 0 mg
☐ 25 mg
☐ 50 mg

Please state maximum dose of GTN to be given in the department: (tick one)

☐ 0 mcg
☐ 400 mcg

☐ Other Imaging

Other Valvular Planning CT including coronary arteries (57364):

☐ Mitral
☐ Tricuspid
☐ Pulmonary

Cardiac Chambers CT: ☐ Include coronary arteries (57364) ☐ Without coronary arteries (56307)

☐ Left atrial appendage closure
☐ AF ablation/PVI
☐ Cardiac Mass

Other:

_____

CLINICAL 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
☐ 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 This sections **MUST** be completed.