

# CARDIAC CT & NUCLEAR MEDICINE SCAN



10/13 Mount Street  
Mount Druitt  
NSW 2770

T: 9854 0100  
F: 9854 0101

MON TO FRI 8.00am - 5.00pm  
SAT 8.30am - 12.30pm

Dr Tinku Kooner Dr Mansoor Parker  
Dr Pon Ketheswaran Dr Kenneth Cooke Dr David Chadban  
Dr Bit Wong Dr Sylvia Johnson Dr Rashidi Mbakada  
Dr Georges Hazan Dr Jonathan Tow Dr Raguparan Yogaratnam

PATIENT NAME	D.O.B.
PATIENT'S GP	
PATIENT ADDRESS	
PATIENT TELEPHONE	MEDICARE NUMBER

**EXAM REQUIRED - CARDIAC CT SCAN**

CARDIAC CT ANGIOGRAPHY  
 CARDIAC CT PULMONARY ANGIOGRAPHY  
 OTHER \_\_\_\_\_

**EXAM REQUIRED - NUCLEAR MEDICINE SCAN**

MYOCARDIAL PERFUSION (Exercise/Pharmacologic)  
 V/Q SCAN  
 GATED CARDIAC BLOOD POOL SCAN

**CLINICAL INDICATION/S**

Medicare eligible scan NOTE: Specialist referral only (Indicates 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  
 Non-Medicare eligible scan

Undergoing non-coronary cardiac surgery  
 Workers Compensation

**MEDICAL HISTORY/OTHER RELEVANT SYMPTOMS (includes previous revascularisation procedures)**

Prior Myocardial Infarct  
 Heart Failure  
 Diabetes  
 ECG Findings

Prior Coronary Stent  
 Renal Impairment  
 Coronary Bypass Graft  
 Pacemaker

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  
 Pacemaker

**CURRENT MEDICATION**

Beta Blocker  
 Verapamil/Diltiazem  
 ACEI/ARB  
 Other \_\_\_\_\_

Other CCB  
 Digoxin

**RISK FACTORS**

Smoker  
 Diabetes  
 Current  
 Family History  
 Ex-Smoker >1 year  
 Hypertension  
 Hyperlipidaemic

**ALLERGIES**  No  Yes **Creatinine/eGFR** \_\_\_\_\_

Iodine  Other \_\_\_\_\_

**ARE THERE ANY CONTRAINDICATIONS TO GIVING THE PATIENT BETA BLOCKERS.** YES  NO

**ARE THERE ANY CONTRAINDICATIONS TO GIVING THE PATIENT CORALAN.** YES  NO

**REFERRING DOCTOR**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BULK BILL**

MIMD012 -06/16

## PREPARATION: CT Cardiac Scan

- No caffeine or alcohol products (coffee,tea,coke,etc) should be consumed the night before or the morning of the test. A light breakfast at least 2 hrs prior to arrival is permitted.
- Do not use Viagra or similar medications 36 hours prior.
- Diabetics – If you have a normal renal function Metformin does not need to be stopped. In patients with renal impairment, Metformin should be withheld for at least 48hrs commencing on the day of the contrast study.
- Drink **3-4 glasses of water** prior to the study.
- No exercise on the morning of your scan.

## HOW LONG DOES THIS TEST TAKE?

- The CT Scan time is less than 15 mins, but we do need to take your medical history and keep your heart rate and blood pressure under observation before and after the test.
- Expect to be in our practice for up to 4 hours.

## DURING THE STUDY:

- Your heart rate and blood pressure will be monitored during and after the test and an ECG performed if necessary.
- Prior to the examination you may be given a Beta Blocker.
- A small cannula will be placed in your arm to administer IV contrast (containing iodine), required for this examination.

### Please let us know if you are allergic to iodine.

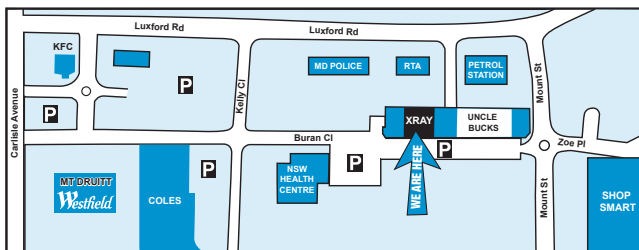
- You will be in the scanner for approximately 5 - 10 minutes.
- You will be asked to hold your breath for 10 seconds and to lie still while we perform the study.

## 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.

## PREPARATION: Nuclear Medicine Scan

SCAN	TIME BETWEEN INJECTION & SCAN	SCANNING TIME	PREPARATION
Myocardial Perfusion (MIBI)		4-5 hours 1 day or over 2 days	Ring practice for preparation
Gated Heart Pool Scan	2 injections - 20 minutes apart	Half an hour	NIL
V/Q Scan	Breathing part and scan, then injection and scan	1 hour	Bring previous Lung scan / X-Rays



**10/13 Mount Street, Mount Drutt NSW 2770**

Your doctor has recommended that you use MEDICAL IMAGING MOUNT DRUITT. You may choose another provider but please discuss this with your doctor first.

**www.imagingmtdruitt.com.au T: 9854 0100**