

3/199 High St  
 PO Box 612  
 Penrith NSW 2751  
**T: 4722 4700**  
**F: 4722 4708**

**MON TO FRI 8.00am - 6.00pm**  
**SAT 8.00am - 1.00pm**

**Dr Tinku Kooner Dr Mansoor Parker**  
 Dr Pon Ketheswaran Dr Kenneth Cooke Dr David Chadban  
 Dr David Johnston Dr Bit Wong Dr Ronny Low Dr Judith Pohlen

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

### 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
  - Undergoing non-coronary cardiac surgery
  - Non-Medicare eligible scan
  - Workers Compensation

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

- Prior Myocardial Infarct
- Prior Coronary Stent
- Pacemaker
- Heart Failure
- Renal Impairment
- Diabetes
- Coronary Bypass Graft
- ECG Findings
- Other Medical Hx \_\_\_\_\_

### CURRENT MEDICATION

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

- Beta Blocker
- Verapamil/Diltiazem
- ACEI/ARB
- Other \_\_\_\_\_
- Other CCB
- Digoxin

### RISK FACTORS

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

**Creatinine Level = \_\_\_\_\_**

### ALLERGIES

- No  Yes

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

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

### REFERRING DOCTOR

SIGNATURE:	DATE:
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## PREPARATION:

- 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:

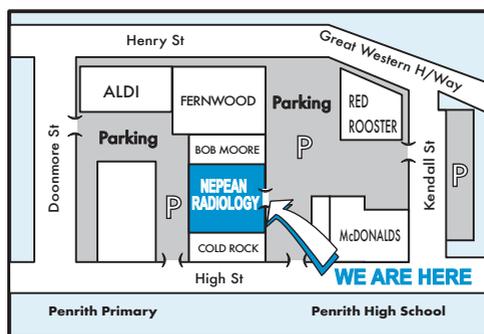
- Your heart rate and blood pressure will be monitored during and after the test and an ECG performed if necessary.
- Prior to the examination you may be given a Beta Blocker.
- A small cannula will be placed in your arm to administer IV contrast (containing iodine), required for this examination.

### **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.



Your doctor has recommended that you use NEPEAN RADIOLOGY. You may choose another provider but please discuss this with your doctor first.

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**NEPEAN RADIOLOGY BOOKINGS T: 4722 4700**