

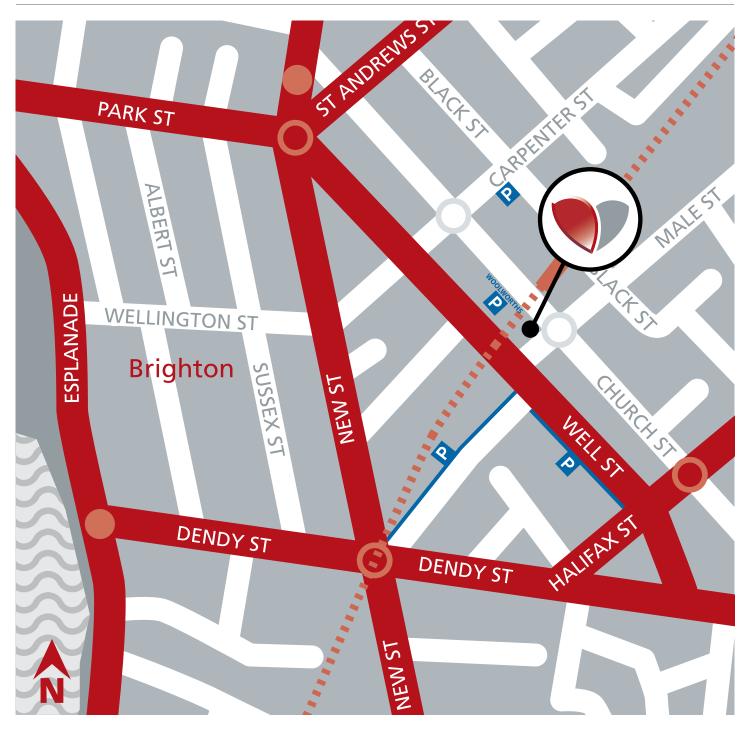
CARDIAC CT

CT Coronary Angiogram & CT Calcium Score

Suite 16, 3 Male Street, Brighton VIC 3186

PATIENT IDENTIFICATION	
Name:	Date of Birth:
Address:	Phone (H/M):
	Medicare No:
REFERRING DOCTOR INFORMATION	
Name:	Signature:
Address:	
Provider No: Tel: Email:	Date:
REQUEST FOR	
CT Coronary Angiogram + Coronary Artery Calcium Score	CT Calcium Score (not Medicare rebateable)
CLINICAL INDICATIONS	
CTCA REFERRAL ELIGIBILITY	
GP Referral (not Medicare eligible)	
CT Coronary Angiogram	
Specialist Referral (Medicare eligible) Please tick appropriate option	
Patient has stable or acute symptoms consistent with Coronary Ischaemia, and the patient is at low to intermediate risk	
of an acute coronary event	unknown acticles.
Patient has newly recognised left ventricular systolic dysfunction on unknown aetiology Patient will be undergoing Non-Coronary Cardiac Surgery	
CTCA may not be suitable if your patient has: o Severe asthma	
Atrial fibrillation	
 Renal impairment with eGFR <40 	
Allergy to Iodine / Contrast	
Please contact Melbourne Heart Care for advice if you have any questions regarding your patient.	
PATIENT INFORMATION & RISK FACTORS	
Pregnant: Yes No	
Pacemaker: Yes No	
Contrast allergy History of severe asthma (daily Ventolin use / previous ICU admission)	
Previous coronary stenting or bypass surgery	
Thyroid – overactive	
High cholesterol Hypertension Diabetes	Family history of CAD
Smoker / ex-smoker	
Renal impairment: Yes No	
If yes, please provide latest serum creatinine: Date:	Creatinine: eGFR:





Melbourne Heart Care **Brighton**

Head Office Suite 16, 3 Male Street Brighton VIC 3186 Tel: 03 9592 2177 Fax: 03 9592 3177 * Please note – this map is indicative of possible public parking options close to Melbourne Heart Care only.