CARDIAC CT REFERRAL FORM

email: dunedin.ct@pacificradiology.com

PATIENT DETAILS		EXAMINATION REQUESTED			
Name: NHI: DOB: Address:	DOB:		conary Arteries Calcium Score TAVI + Coronary Arteries please detail) ease circle): Urgent / Semi-urgent / Non-urgent		
Phone:		Orgenicy (pied	se circle). Org	ient / Sei	m-argent / Non-argent
Email:					
FUNDER DETAILS					
 SX - eligibility (please circle) N / Y (if yes please tick criteria on page 2) Other Insurance ☐ Patient to Fund 					
CLINICAL DETAILS					
CLINICIAN CHECK LIST					
Pacemaker / ICD	Currently taking a beta-blocker?				
Height (cm)	Any contraindications to beta-blocker (include				
Weight (kg)	details)?				
Age	Is the patient currently taking verapamil, diltiazem or other rate limiting agent?				
Resting HR	Currently taking GTN?				
Rhythm eGFR / Date	Any contraindications to GTN (egg severe AS, PDE-5 inhibitors – please detail)?				
Stents / CABG - please document location & diameter of stent:					
PRESCRIPTION FOR CORONARY ARTERY STUDIES ONLY					
If HR above 55 bpm and there are no contraindications, please provide a prescription to the patient for bisoprolol 2.5mg PO OD to be taken on each of the two days before and on the day of scan.					
Please prescribe 6-Blocker and GTN spray for CTCA (not required if TAVI only), it is the referring clinicians responsibility to screen for contra-indications. Additional prescribed drugs will be administered by Radiology Staff on the day of the scan according to the CTA 6-Blocker/GTN protocol. Please tick if Bisoprolol is prescribed					
Drug/Dose	Prescriber Signat	ure	Prescriber na	ıme and	MCNZ#
Metoprolol 100mg po stat					
Additional Metoprolol 50mg prn					
GTN spray prn sub lingual					
REFERRER DETAILS:					
Name:					
Date of Referral:		Signature:			



Southern Cross Eligibility criteria for CT coronary angiogram (CTCA) for referrers to complete

Please tick any criteria met: Chest pain or other cardiac symptoms suggestive of coronary artery disease (CAD) are present where an exercise treadmill test (ETT) and/or pharmacologic evoked stress testing is not possible due to a contraindication. The results of an exercise treadmill test for suspected coronary artery disease either cannot be interpreted or are equivocal, which is defined as one of the following: Unexpected horizontal or down sloping ST segment depression in a patient with П either no symptoms during an exercise treadmill test or with atypical symptoms of angina during an exercise treadmill test, or symptoms typical of angina during an exercise treadmill test but the electrocardiogram (ECG) is normal. The result of the exercise treadmill test is unequivocally negative but ongoing symptoms (documented) are strongly suggestive of ischaemia. An assessment of coronary arteries is required prior to undergoing elective cardiac valve or aortic aneurysm surgery and the CT coronary angiogram is performed instead of a coronary angiogram. There is echocardiographic evidence of suspected cardiac mass, or other morphologic abnormality of the heart, pericardium, or great vessels. To determine the cause of new onset heart failure or dilated cardiomyopathy when CT coronary angiogram is performed instead of a coronary angiogram after echocardiography. For evaluation of graft patency following coronary artery bypass graft (CABG) surgery where there is evidence of symptomatic ischaemia or suspected asymptomatic major ischaemia. For the purposes of planning the most appropriate definitive approach for treatment of a coronary chronic total occlusion (CTO), ie either stenting, medical treatment or surgery. For evaluation of the success of revascularization following stent placement involving the left main coronary artery when the CT coronary angiogram is performed instead of a coronary angiogram.

Authorised By: Charge MRT CT CT/Forms/Cardiac CT Request Form

Last Reviewed: 07.05.2024 Next Review: 01.06.2025

Page 2 of 1