

CARDIAC IMAGING REQUEST

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PATIENT DETAILS:

Name:	DOB:	NHI:
Address:	Phone:	Funder
	Email:	
	Scan Urgency:	

CLINICAL DETAILS:

Weight: _____ Height: _____

MRI EXAMINATION REQUIRED – please tick ALL that apply

MRI Cardiac

Cerebral Aneurysm Clip Neuro-electrical Stimulator Intra-orbital FB Heart Pacemaker

eGfr: _____ Date: _____ Hct: _____ Date: _____

CT EXAMINATION REQUIRED – please tick ALL that apply

Calcium Score Coronary Angiogram TAVI

Complete for CT Coronary Angiogram ONLY

- Coronary Stent details:
- CABG Details:

Please prescribe β-Blocker and GTN spray for CTCA (NOT REQUIRED IF TAVI), it is the referring clinicians responsibility to screen for contra-indications. Prescribed drugs will be administered by Radiology Staff on the day of the scan according to the CTA β-Blocker/GTN protocol

Is the Patient taking a β-Blocker? Yes No Does the patient use GTN Spray? Yes No
 Contraindication to β-Blocker? Yes No Contraindication to GTN Spray? Yes No
 Is the patient taking a Ca Channel Blocker? Yes No

Drug and Dose	Prescribing Dr Signature	Prescribing Doctor Name & MCNZ #
Metoprolol 100mg PO stat		
Additional Metoprolol 50mg PO PRN		
GTN 1 spray S/L prior to scan		

REFERRER

Name:	Date:
Signature:	Copy to: