



Website: www.spectrumradiology.com.au

PATIENT INFORMATION					_
NAME:		D.O.B.		MOBILE:	
ADDRESS:			HOME/WORK:		
GENERAL PRACTITIONER:			MEDICARE NUMBER:		
CARRIOLOCIST /if not voferving Specialist)					
CARDIOLOGIST (if not referring Specialist)  EXAMINATION REQUIRED					]
	calcium score	A . Thoracic A	orto 🗆	Cardiac MRI	1
Calcium score only TAVI Workup	acidin score CTC	A + Moracic A		Other	
	CT CORONARY	ANGIOGRAN	/I (CTCA	.)	
Medicare eligible scan (57360) NO time restriction Stable or acute symptoms of coronary ischaemia, the patient is at low to intermediate risk of an acute coronary event and;					
<ul> <li>☐ Has <u>no</u> known obstructive coronary disease but meets MBS criteria for coronary angiography (invasive); or</li> <li>☐ Has <u>known</u> obstructive coronary artery disease</li> </ul>					
Medicare eligible scan (57360) Once every 5 years  Stable or acute symptoms of coronary ischaemia, the coronary artery disease detected on a previous CTCA	patient is at low to interme	ediate risk of an ac	ute coronar	ry event and no obstructive	
Medicare eligible scan (57364) NO time restriction  Stable symptoms and newly recognised LV systolic dysful	nction of unknown aetiology	; or			
Requires exclusion of coronary artery anomaly or fistula; <b>or</b> Undergoing non-coronary cardiac surgery; <b>or</b>					
<ul> <li>☐ Undergoing non-coronary cardiac surgery; or</li> <li>☐ Meets MBS criteria for invasive angiography to assess patency of bypass grafts</li> </ul>					
☐ CTCA Non - Medicare eligible scan:					
Medicare eligible scan	MRI CARDIAC				
ARVC is suspected on the basis of diagnostic criteria end Symptoms consistent with arrhythmogenic right ventrice Investigate findings consistent with ARVC (63397)  Medicare eligible scan (63390)  MRI - scan of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessme specialist or consultant physician who has assessed the particle of the cardiovascular system for the assessment physician who has assessed the particle of the cardiovascular system for the assessment physician who has assessed the particle of the cardiovascular system for the assessment physician who has assessed the particle of the cardiovascular system for the assessment physician who has assessed the particle of the cardiovascular system for the assessment physician system for the cardiovascular system for	ular cardiomyopathy (ARVC) ent of myocardial structure a patient, and the request for r suspected myocarditis which is which would otherwise re	(63395) <b>or</b> and function and che the scan indicates: ch would otherwise	naracterisati require end	ion, if the service is requested by a domyocardial biopsy to confirm the oconfirm the diagnosis of myocarditis; or	
ADDITIONAL HISTORY:					
PRECAUTIONS			PRETREATED WITH BETA BLOCKERS		
Please inform us at the time of booking if any of the below			Yes	☐ No	
boxes are ticked, as the scan may not be possible.	•	ı	RISK FACTO	ORS	
Atrial Fibrillation / High Grade Ectopy			Family	History Hypertension	
Advanced Heart Block	ALLERGIES		<60	Diabetes	
☐ Contraindication to Beta Blockers ☐ Pacemaker	☐ Iodine		Hyperli	ipidaemia 🗌 Smoker	
Metallic Implant or Fragment	Other:		URRENT M	IEDICATIONS	
Claustrophobia			Beta B	locker Amiodarone	
☐ Weight >120kg		[	Digoxir	n Other	
☐ Impaired renal Function			Antiarr	hythmic Calcium channel blocker	
Referring Doctor These sections MUST be com	ıpleted.				
Name:		Prov	/ider no:		
Address:		Spec	ciality:		
			Phone:		
		Fax	:		
Signature:		Dat	e:		
Jignature.		Dat	·.		





## PATIENT INFORMATION SHEET

### YOUR DOCTOR HAS REQUESTED THAT YOU HAVE A CARDIAC (HEART) CT SCAN OR MRISCAN

#### DO I NEED TO MAKE AN APPOINTMENT?

Yes, an appointment is needed for all CT Coronary Angiograms, Calcium Score and Cardiac MRI scans.

Please call our reception staff to book in your examination:

- Alexandria Cardiac MRI Specialist Centre 02 9197 8000
- Bankstown CT Coronary Angiogram / Calcium Score 02 9197 8100
- Bondi Junction CT Coronary Angiogram / Calcium Score 02 9197 8000
- Liverpool CT Coronary Angiogram / Calcium Score / Cardiac MRI 02 9197 8100
- Miranda CT Coronary Angiogram / Calcium Score 02 9197 8000
- Randwick, Silver St CT Coronary Angiogram / Calcium Score 02 9197 8000

#### PREPARATION:

- Please bring all previous scans with you.
- No caffeine products (coffee, tea, cola, energy drinks etc) or food should be consumed 4 hours prior to this test.
- Do not use Viagra or similar medications 36 hours prior.
- If you are a **diabetic** on any oral medication containing Metformin, or if you have kidney disease, please bring a copy of recent kidney function tests.
- If possible, have someone accompany you. You may feel dizzy or lightheaded after the scan and may not be able to drive for 1-3 hours.
- Drink 3 4 glasses of water prior to the study.
- No exercise on the morning of your scan.
- Do not smoke 4 hours prior to your scan. Nicotine can raise vour heart rate.

#### **HOW LONG DOES THIS TEST TAKE?**

The CT Scan takes less than 10 minutes, but we generally need to administer medications to slow your heart rate for the scan, often more than once. An MRI scan takes 45 minutes to 1 hour to complete Expect to be in our practice for between 1 and 2.5 hours.

#### **DURING THE STUDY:**

- Your heart rate and blood pressure will be monitored during and after the test and an ECG performed if necessary.
- A small cannula will be placed in your arm to administer IV contrast (containing iodine or gadolinium), required for this examination. Please let us know if you are allergic to iodine or gadolinium
- You will be asked to hold your breath, and to lie still while we perform

#### **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.

# For our location maps, parking and services at each site, scan the QR code.



www.spectrumradiology.com.au/locations

# **EAST PHONE NUMBER** 02 9197 8000

#### Alexandria

Shop 2, 540 Botany Road, Alexandria NSW 2015 Fax 02 9197 8079

- MRI, CT, X-RAY, Ultrasound, OPG Cardiac MRI Specialist Centre
- Open Mon-Fri 8:00am 5:30pm

#### **Bondi Junction**

Tower One, Westfield Shopping Centre, Suite 1503, Level 15, 520 Oxford Street, Bondi Junction NSW 2022 Fax 02 9197 8059

- CT, X-RAY, Ultrasound, OPG, Cone Beam CT
- Open Mon-Fri 8:00am 5:00pm

#### How to get here

Entry Via Oxford Street (Tower One) Entrance to Tower One Lobby on Oxford Street is located diagonally opposite the **Apple Store**. Take the lifts to Level 15. Fitness First Platinum (Level 6)

Take the lifts diagonally opposite Fitness First to level 15.

Entry via Hollywood Avenue(Myer Parking) Take the "upper parking" ramp. Park on R1, R2 or R3. On level R1, walk down the sky bridge which will lead you inside the Westfield. You will see lifts on the left hand side. Take lifts up to level

### Randwick (Silver Street)

Ground Floor, 13-15 Silver Street, Randwick NSW 2031 Fax 02 9197 8029

- 3T MRI, CT, DEXA, Nuclear Medicine
- Open Mon-Fri 8:00am 5:30pm

# **SOUTH PHONE NUMBER** 02 9197 8000

### Miranda

Ground Floor, Suites 1 and 2, 50-52 Urunga Parade, Miranda NSW 2228

Fax 02 9197 8089

- CT, X-RAY, Ultrasound, OPG, Cone Beam CT
- Open Mon-Fri 8:00am 5:00pm

# SOUTH WEST PHONE NUMBER 02 9197 8100

#### **Bankstown**

Ground Floor, 402-410 Chapel Road, Bankstown NSW 2200 Fax 02 9197 8179

- CT, X-RAY, Ultrasound, OPG, Cone Beam CT, 3D Mammography
- Open Mon-Fri 8:00am 5:30pm

### Liverpool

Ground & First Floors, 171 Bigge Street, Liverpool NSW 2170 Fax 02 9197 8119

- MRI, CT, X-RAY, Ultrasound, OPG, Cone Beam CT, 3D Mammography, DEXA
- Open Mon-Fri 8:00am 5:30pm Sat 8:00am - 12:00pm

### **Sydney South West Private Hospital**

Level 1, Suite 1-5, 24-40 Bigge Street Liverpool NSW 2170

- MRI, CT, X-RAY, Ultrasound, Interventional Radiology
- Open Mon-Fri 8:00am 5:30pm