

# REFERRAL REQUEST - CARDIAC CT & NUCLEAR MEDICINE SCAN



**QUANTUM  
RADIOLOGY**

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## PATIENT DETAILS

Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### EXAM REQUIRED - CARDIAC CT SCAN

- CARDIAC CT ANGIOGRAPHY
- CARDIAC CT PULMONARY ANGIOGRAPHY
- OTHER \_\_\_\_\_

### EXAM REQUIRED - NUCLEAR MEDICINE SCAN

- MYOCARDIAL PERFUSION  
(Exercise/Pharmacologic)
- V/Q SCAN
- GATED CARDIAC BLOOD POOL SCAN

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

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

- Prior Myocardial Infarct
- Prior Coronary Stent
- Heart Failure
- Renal Impairment
- Diabetes
- Coronary Bypass Graft
- ECG Findings
- Pacemaker

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

### CURRENT MEDICATION

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

### RISK FACTORS

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

### ALLERGIES

- No
- Yes

eGFR: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

ARE THERE ANY CONTRAINDICATIONS TO GIVING THE PATIENT CORALAN . YES  NO

REPORT  Urgent  More Request Pads  Films

**Bulk Billing**  
For Medicare Eligible Items

### Referrer Details

Name: _____	Specialty: _____
Address: _____	
Phone: _____	Fax: _____
Signature: _____	Provider No: _____
	Date: _____

## PREPARATION: CT Cardiac Scan

- 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 Radiologist.

## PREPARATION: Nuclear Medicine Scan

SCAN	TIME BETWEEN INJECTION & SCAN	SCANNING TIME	PREPARATION
Myocardial Perfusion (MIBI)		4-5 hours 1 day or over 2 days	Ring practice for preparation
Gated Heart Pool Scan	2 injections - 20 minutes apart	Half an hour	NIL
V/Q Scan	Breathing part and scan, then injection and scan	1 hour	Bring previous Lung scan / X-Rays

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



	General X-ray	Ultrasound	Low Dose CT	Interventional Radiology	OP& Lat Ceph	Cone Beam CT	3D Mammography	DEXA	MRI	Nuclear Medicine
<b>BANKSTOWN</b> 258 South Terrace, Bankstown NSW 2200 T: 02 8760 9100 F: 02 8760 9101 Monday to Friday 8:00am - 5:00pm Saturday 8:30am - 12:30pm	•	•	•	•	•	•	•	•	•	•
<b>MOUNT DRUITT</b> Shop 37- 40, Mount Druitt Central 10 Zoe Place, Mount Druitt NSW 2770 T: 02 9854 0100 F: 02 9854 0101 Monday – Friday 8:00 am – 5:00 pm Saturday 8:30 am – 12:30 pm	•	•	•	•	•		•	•		
<b>PENRITH</b> 3 / 199 High Street, Penrith NSW 2750 T: 02 4722 4700 F: 02 4722 4708 Monday – Friday 8:00 am – 5:00 pm Saturday 8:30 am – 12:30 pm	•	•	•	•	•		•	•	•	•
<b>SPRINGWOOD</b> 310 Macquarie Road, Springwood NSW 2777 T: 02 4702 3661 F: 02 4702 3662 Monday to Friday 8.00 am - 5.00 pm Saturday 8:30 am – 12:30 pm	•	•	•	•	•					