

CARDIAC IMAGING REQUEST

Ph: 03 379 0770
 Fax: 03 366 7414
 Email: ht@pacificradiology.com



www.heartvision.co.nz

EXAMINATION MODALITY:		CT	MRI
PATIENT DETAILS		REFERRER DETAILS	
Name:		Name:	
NHI:	DOB:	Date:	
Phone:		Signature:	
Email:			
Funder: <small>(see page 2 for Southern Cross CTCA Eligibility Criteria)</small>		Scan Urgency:	
CLINICAL DETAILS:			
<p>Height: _____ Weight: _____ eGfr: _____ Date: _____</p>			
FOR MRI EXAMINATION – please tick ALL that apply			
Cerebral Aneurysm Clip	Neuro-electrical Stimulator	Intra-orbital FB	Heart Pacemaker
Hct: _____	Date: _____		
FOR CT EXAMINATION – please tick ALL that apply & complete the prescription chart below			
Calcium Score	Coronary Angiogram	TAVI	Other _____
Additional Information: _____		Coronary Stent	CABG Details: _____
Complete the following sections for all exams EXCEPT Calcium Score and TAVI			
<p>All patient HR and variabilities can be scanned but a desirable resting HR for optimum quality and radiation dose is < 70bpm. For patients <45years a heart rate <60 enables ultra-low dose acquisition</p> <p>It is the referring clinician’s responsibility to screen for contraindications to medications used for Cardiac CT</p>			
Is the patient taking a β blocker	Yes	No	Does the patient use GTN spray
Contraindication to β blocker	Yes	No	Contraindication to GTN spray
Is the Patient taking a Ca Channel Blocker	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>If there are no contraindications, please pre-medicate patients who are not already taking a beta-blocker and have a resting HR >70bpm with:</p> <p>Bisoprolol 2.5mg PO per day for 2 days prior to and day of the appointment</p> <p style="text-align: center;">Not required as resting HR is _____ Given Contraindicated</p>			
<p>Additionally, please sign below to prescribe β-Blocker top up and GTN spray for Cardiac Scan (not required for TAVI only). Prescribed drugs below will be administered by Radiology Staff on the day of the scan if required according to the CTA β-Blocker/GTN protocol</p>			
Drug and Dose	Prescribing Dr Signature	Doctor Name & MCNZ #	
Metoprolol 100mg PO stat			
Additional Metoprolol 50mg PO PRN			
GTN 1 spray S/L prior to scan			

Southern Cross Health Insurance Eligibility Criteria for CTCA

Southern Cross will only reimburse the cost of a CT coronary angiogram under a member's policy when at least one of the following criteria below is met for that member.

- The member is considered to be of low or intermediate risk of coronary artery disease, with symptoms that could be due to coronary ischemia where the member cannot exercise and where pharmacological testing is unlikely to be helpful (reason to be documented in clinical notes).
- The member is considered to be of low or intermediate risk of coronary artery disease, with symptoms that could be due to coronary ischaemia where the results of a stress test is abnormal, due to being positive or equivocal (ECG or ECHO).
- The result of the exercise treadmill test is unequivocally negative but ongoing symptoms (documented) are strongly suggestive of ischaemia.
- The member is considered intermediate or high risk for cardiovascular disease and requires a preoperative assessment of the coronary arteries prior to undergoing elective major surgery or as required for cardiac intervention.
- 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 the purposes of planning the most appropriate definitive approach for treatment of a coronary chronic total occlusion (CTO), eg either stenting, medical treatment or surgery.
- The member has become symptomatic (ischaemia equivalent), or demonstrates evidence of silent ischaemia, following CABG or angioplasty.