Pacific Radiology

Cardiac Referral Form
www.pacificradiology.com

PATIENT INFORMATION

Name | Date of birth

NHI No. | ACC No./ Insurance / Employer

Phone | Email

Address

☐ Calcium Score ☐ Coronary Angiogram ☐ TAVI ☐ Other Cardiac Scan

REASON FOR INVESTIGATION

Known Heart Disease (please specify):

Resting Heart Rate

Patient Coronary Angiogram
(It is the clinicians responsibility to screen for contraindications)

☐ The patient is taking Calcium Channel Blocker

Drug and Dose	Prescribing Dr Signature
☐ Metoprolol 100mg PO Stat	Prescribing Dr Signature
☐ Additional Metoprolol 50mg PRN	Prescribing Dr Signature
☐ GTN 1 spray S/L prior to scan	Prescribing Dr Signature

Calcium Score
(Patient History is important for optimal interpretation)

Risk Factors for Ischaemic heart disease

☐ Strong family history ☐ Smoking

☐ Hyperlipidaemia ☐ Overweight

☐ Diabetes Mellitus ☐ Hypertension

☐ Other:

REFERRER INFORMATION

Name

Address

Phone / Fax | Signature

Copy report to | Date / /

GETTING IN TOUCH:

Phone: 0800 633 462 (opt 3) | **Email:** waikato@pacificradiology.com
Please refer to the maps overleaf for our locations

ACCREDITED IANZ MEDICAL IMAGING SERVICE

Affiliated Provider
Southern Cross Health Insurance

North Hamilton 41-45 Karewa Place

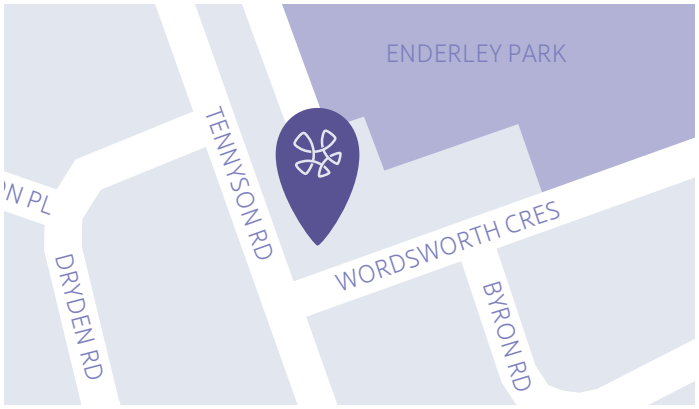
CT | MRI | ULTRASOUND | X-RAY

Puutikitiki 21 Puutikitiki Street

CT | MRI | ULTRASOUND | X-RAY | BONE DENSITY

Te Kōhao Medical Imaging 47 Tennyson Road

CT | ULTRASOUND | X-RAY | BREAST SCREENING



Avalon 6 Avalon Drive

ULTRASOUND | X-RAY

Borman 60 Hare Puke Drive

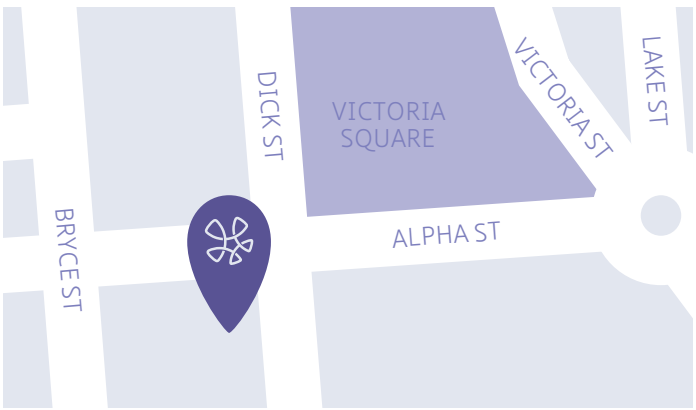
ULTRASOUND | X-RAY

Pembroke 35 Pembroke Street

MRI | ULTRASOUND

Cambridge 14 Dick Street

ULTRASOUND | X-RAY



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