

# FUTURE MEDICAL IMAGING GROUP

## CARDIAC TEST REQUEST FORM

Patient name	D.O.B.	/ /									
Patient address	Mobile       Medicare No.       Consent         Is there a chance you might be pregnant?       Yes       No         ogram       Carotid Doppler       Patient Signature       No         Score       Nuclear Medicine MIBI       What is the current renal function (eGFR)										
Phone	Mobile		Medicare No.		Consent						
Study requested			Is there a chance	you might be pregn	ant? Yes No						
<ul> <li>Coronary CT Angiogram</li> <li>Coronary Calcium Score</li> <li>Echocardiogram</li> <li>Stress Echocardiogram</li> <li>Previous revascularization proceed</li> </ul>	al history	What is the current renal function (eGFR) Date of renal function /									
Medical history											
<ul> <li>Prior Coronary Stent / Angioplasty</li> <li>Coronary Bypass Graft</li> </ul>											
Contraindications				- · · · · · · · · · · · · · · · · · · ·							
Atrial Fibrillation / Frequent Ectopics		oxes are ti	cked, as the scan m	ay not be possible.							
Risk factors											
🗆 Smoker	Hypertension										
□ Current □ Ex Smoker >1 year			listory of IHD								
Indications			Allergies								
is at low to intermediate risk of corc	onary artery disease										
Chest pain with equivocal functional te	st or unable to perform a func	Current Medication									
$\Box$ Evaluation or exclusion of coronary	anomaly	□Aspirin	□ Fibrate	Digoxin							
Exclusion of coronary artery disease	as the cause of heart failure	□ Clopidogrel	ACEI / ARB	🗆 Viagra / Levitra							
Evaluation of coronary arteries prior	to non-coronary cardiac su	🗆 Beta Blocker	□ Ezetrol	□ Metformin							
Referring Doctor			🗆 Verapamil / Dilit	iazem							
Name			Provider No		Date / /						
Address		Referrer Signature									

"A Collaborative Approach to Coronary CT Angiography using Ultra Low-Dose CT Technology" www.fmig.com.au



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## PATIENT INFORMATION SHEET

### YOUR DOCTOR HAS REQUESTED THAT YOU HAVE A CARDIAC (HEART) CT SCAN / NUCLEAR MEDICINE CARDIAC MIBI.

### WHERE DO I NEED TO GO?

Cardiac (Heart) CT scans are available at Footscray, Hawthorn, Moonee Ponds, St Albans and Sunshine.

Nuclear Medicine Cardiac MIBI scans are available at Moonee Ponds and St Albans, please refer to FMIG branch below.

The following notes are for parking on site:

### MOONEE PONDS:

Limited Parking is available at the rear of the building. Follow the signs.

### FOOTSCRAY:

Public parking area

### ST ALBANS:

Underground parking rear of building, enter off Glendenning Street. HAWTHORN:

Parking is available. Please call our staff for directions of underground parking. SUNSHINE:

Basement parking off Hertford Road.

### HOPPERS CROSSING:

Onsite parking available.

### DO I NEED TO MAKE AN APPOINTMENT?

Yes, all CT Heart Scans and Nuclear Medicine MIBI require an appointment. Please call our reception staff at your local branch to make an appointment for your examination, or fax request to your local branch (see branch details below).

### PREPARATION FOR CARDIAC CT SCAN:

- If DIABETIC or known KIDNEY DISEASE (including transplant), or on METFORMIN, recent eGFR levels will be required.
- If eGFR is below 30, do not take metformin on the day of the scan and further instructions will be provided after the scan by the radiologist.
- Take your heart medication as normal.
- Bring a list of all medication as normal.
- Bring a list of all medications that you are taking.
- MUST HAVE DRIVER TO DRIVE YOU HOME OR IF DRIVER UNAVAILABLE, USE PUBLIC TRANSPORT OR TAXI.
- No excercise on the morning of your scan.
- No caffeine products for 24 hrs prior to your scan. (This includes coffee, tea, chocolate, soft drinks, energy drinks or herbal and decaf teas or coffee, etc.)

### • NO SMOKING ON THE DAY OF THE SCAN.

- On the morning of the appointment please fast from food BUT VERY IMPORTANT TO DRINK WATER.
- No heart stimulating medication on the day before or the day of the scan these include Viagra, weightloss tablets such as Duromine.
- Depending on your heart rate you could possibly be in the clinic for up to 3 hours.

### DURING THE STUDY

- Your heart rate and blood pressure will be monitored during and after the test and an ECG performed if necessary.
- 1 hour prior to the examination you will 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.
- You will be given a GTN tongue spray.
- You may experience a warm sensation at the time of IV contrast administration.

### PREPARATION FOR NUCLEAR MEDICINE CARDIAC MIBI:

- No caffeine products for 24 hrs prior to your scan. (This includes coffee, tea, chocolate, soft drinks, energy drinks or herbal and decaf teas or coffee, etc.)
- Eat normally beforehand, if you take diabetic medication, please take as you normally would.
- As some medications may need to be stopped, please ring the Nuclear Medicine Department before your appointment to check if this applies to you.
- Wear comfortable clothing.
- Bring a list of your current medication with you to your appointment. •
- If you have asthma, please bring your Ventolin inhaler with you.

The Nuclear Medicine Cardiac MIBI takes approximately 2 hours.

### 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 by the attending Cardiologist and Radiologist

## **OPENING HOURS**

OPENIN MONDAY-FI SATURDAY	<b>G HOURS</b> RIDAY 8.30AM 9.00AM				ucanning he Dencia		5 ta	Dent	our		Stress Echo	Ultrasound	MRGFUS	Paediatric Mai	Cardiac Mpi	Nue la	Fluoroscon	General X	à (	Coronany Caring	Colona	Nuclear Medi .	<sup>b</sup> Injections
BRANCH	ADDRESS	PHONE	FAX	Lo MA MA	Bone	Ma	DPG	5	Col	Echo	Str	Ē	MR	Pae	Ca	MRI	Εľα	ge	5	ပိ	5	ΝN	PRP
MOONEE PONDS	347 Ascot Vale Rd	9348 3500	9348 3520	•	•	•	•	•	•	•	•	•		•		•		•	•	•	•		
FOOTSCRAY	68-82 Cnr Hopkins & Moore St	9283 8500	9283 8520	•	•	•	•	•	•	•		•						•	•	•	•		
ST. ALBANS	101-103 Main Rd West	8312 7200	8312 7220	•	•	•	•	•	•	•	٠	•		•		•	•	•	•	•	٠	•	
HAWTHORN	109 Burwood Rd	9818 9400	9818 9420	٠	•	•	•	•	•	•	٠	•	•	•	•	•		•	•	•	•		
SUNSHINE	324-328 Hampshire Rd	9356 5000	9356 5020	•	•	•	•	•	•	•	•	•						•	•	•	•		•
HOPPERS CROSSING	471 Sayers Rd	8015 2500	8015 2520	•	•	•	•	•	•			•						•					

