

# Future Medical Imaging Group

"Your First Choice in Radiology and now Cardiology"

"You are free to choose your own imaging provider"

**Cardiologists:**  
Assoc Prof Kean Soon  
(Head of Cardiac CT Dept.)  
Assoc Prof Chiew Wong  
(Head of Echocardiography Dept.)  
Dr. Yew Mun Cheong



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**Reporting Radiologists:**  
Dr. Andrew Dobrotwir  
Dr. Nitin Gupta  
Dr. Paul Lau  
Dr. Anthony Taranto

## REQUEST FORM FOR CARDIAC TEST & CONSULTATION

PATIENT NAME ..... D.O.B. ....

PATIENT ADDRESS .....

PHONE ..... MOBILE .....

MEDICARE NUMBER .....

Is there a chance you might be pregnant  Yes  No  
eGFR (patients over 60)  Yes  No  
Signature .....

### STUDY REQUESTED

- Coronary CT Angiogram
- Coronary Calcium Score
- Echocardiogram
- Stress Echocardiogram
- Cardiology Consultation
- Carotid Doppler
- Cardiac Perfusion
- MIBI
- Others
- Other Studies

Previous Revascularization Procedures and Relevant Clinical History, Include Functional Test Results (If Known)  
.....  
.....  
.....

### INDICATIONS

- Patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for coronary angiography
- Chest pain with equivocal functional test or unable to perform a functional test
- Evaluation or exclusion of coronary anomaly
- Exclusion of coronary artery disease as the cause of heart failure
- Evaluation of coronary arteries prior to non-coronary cardiac surgery

### MEDICAL HISTORY

- Prior Myocardial Infarct
- Prior Coronary Stent/Angioplasty
- Coronary Bypass Graft
- Heart Failure
- Currently on Beta Blockers / Anti-Arrhythmics
- Pacemaker
- Diabetes
- Renal Impairment
- Myeloma

### ALLERGIES

- Iodine .....
- Other .....

### CONTRAINDICATIONS

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 / Frequent Ectopics
- Advanced Heart Block

### CURRENT MEDICATION

- Aspirin
- Clopidogrel
- Beta Blocker
- Statin
- Verapamil / Diltiazem
- Fibrate
- ACEI / ARB
- Ezetrol
- Digoxin
- Viagra / Levitra
- Metformin

### RISK FACTORS

- Smoker  Current  Ex Smoker >1 year
- Hypertension
- Hyperlipidaemia
- Diabetes
- Family History <60 years
- Past History of IHD

Referring Doctor .....

Address .....

Provider Number ..... Date .....

Signature .....

Copy To .....

## PATIENT INFORMATION SHEET

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

#### WHERE DO I NEED TO GO?

**FMIG Hawthorn** is located at 109 Burwood Road (Cnr of Power Street).

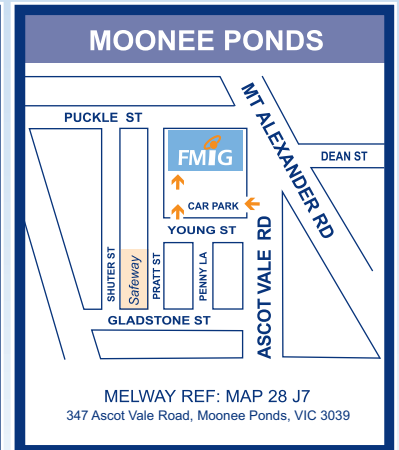
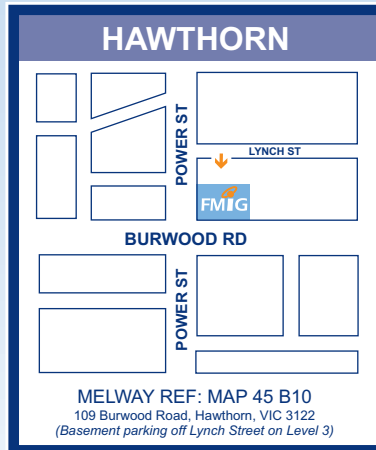
**Telephone 9818 9400** or **Fax 9818 9420**

**Parking** is available. Please call our staff for directions of underground carpark.

**FMIG Moonee Ponds** is located at 347 Ascot Vale Road.

**Telephone 9348 3500** or **Fax 9348 3520**

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



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

Yes, all CT Heart Scans require an appointment. Please call our reception staff at Hawthorn on **9818 9400** or at Moonee Ponds on **9348 3500** to make an appointment for your examination, or fax request to Hawthorn at **9818 9420** or Moonee Ponds at **9348 3520**.

#### PREPARATION:

- **No caffeine products** (coffee, tea, coke 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 Metformin, Diaformin, Glucophage, Diabex, Glucovance, Glucohexal, Novomet or Glucomet **do not** take this the day before or on the day of the CT Angiogram.
- No exercise on the morning of your scan.

#### HOW LONG DOES THIS TEST TAKE?

We require you to arrive at the practice **1 hour before your appointment time**. The CT Scan time is less than 10 minutes, 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 2-3 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.

#### 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.