

San Radiology & Nuclear Medicine

Cardiovascular Imaging Request

Please scan here to request an appointment



SYDNEY ADVENTIST HOSPITAL
185 Fox Valley Rd Wahroonga NSW 2076

Radiology
Level 3, Tulloch Building
E: radiology@sah.org.au

Nuclear Medicine
Level 3, San Clinic Suite 306
E: nadmin@sah.org.au

Patient Name: _____

D.O.B: _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

MRN: _____

Is this patient part of a Clinical Trial? Yes No. If yes, Name of trial _____

CORONARY CT

Medicare eligible (specialist / consultant physician referral only)

CT Coronary Angiography

57360 - for a patient not known to have coronary artery disease who:

- has stable or acute symptoms consistent with coronary ischaemia
- is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia

57364 - at least one of the following apply to the patient:

- stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology
- requires exclusion of coronary artery anomaly or fistula
- the patient will be undergoing non-coronary cardiac surgery
- meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies*, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts

Non-Medicare eligible

CT Coronary Angiography

- Other: eg. GP Referral and/or does not comply with the item number descriptors listed above

Coronary Calcium Score

- Coronary Calcium Score

* These items are 'Selective Coronary Angiography - native & graft with or without Left heart catheterisation', for acute indications, stable indications, and pre-surgery assessment: non-coronary cardiac surgery respectively.

CARDIOVASCULAR MRI

Medicare eligible (specialist referral only) for the assessment or exclusion of:

- Congenital disease of the heart or a great vessel
- Tumour of the heart or great vessels
- Abnormality of the thoracic aorta (thoracic aortic dissection, aneurysm, Marfan's etc)
- Vascular abnormality with previous anaphylactic reaction to contrast
- Obstruction of the SVC, IVC or major pelvic vein
- ARVC
 - Symptoms of
 - Investigative findings of
 - Asymptomatic with 1st degree relative with ARVC

Non Medicare eligible

- Acquired Pericardial/Myocardial non-neoplastic infiltration/inflammation/ischaemia/fibrosis (including sarcoidosis, amyloidosis, ischaemic viability/scar assessment)
- Acquired valvular disease
- Other _____

CARDIOVASCULAR CT

- TAVI Workup
- Congenital Heart Disease
- Pulmonary Vein Assessment (RFA Planning)
- Aortic Assessment
- LAA Device Planning
- Other _____

NUCLEAR CARDIOLOGY

- Gated heart pool scan
- Cardiac Perfusion (SestaMIBI)
(Refer to back of request form for MBS Descriptors)
 - 61345 - Specialist Referral - Ischaemia (Rest & Stress)
 - 61349 - Specialist Referral - Ischaemia (Rest & Stress) (post revascularisation)
 - 61321 - Specialist Referral - Viability (Tc99m)
 - 61325 - Specialist Referral - Viability (Tl201)
 - 61329 - GP Referral - Ischaemia (Rest & Stress)
- Pyrophosphate Scan (cardiac amyloid)

San Echocardiography

- Trans-Thoracic (TTE)
- Trans-Oesophageal (TOE)
- Trans-Oesophageal with PVI (TOE-PVI)
- _____
- _____

CLINICAL NOTES (please attach any relevant letters or prior reports)

Date for follow-up consultation: _____

Contraindication for beta blocking? Yes No

Any previous IV contrast allergy? Yes No

Is the patient diabetic? Yes No

What is current Creatinine? _____

What is current eGFR? _____

REFERRER DETAILS

Name: _____

Provider No: _____

Address: _____

Copy to: _____

Phone: _____

Fax: _____

Signature: _____

Date: _____

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE TICK TO OPT OUT OF PRINTED IMAGES
All images are available online

Appointments & Enquiries
02 9480 9850

Fax
02 9480 9845

PATIENT INFORMATION

* If you are DIABETIC, please ensure that you inform our staff at the time of your booking as different preparation instructions may apply.

For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

Coronary Angiography (CTCA)/ Cardiovascular CT

- No food for 1 hour (unless Diabetic*)
- Maintain normal fluid intake
- Avoid strenuous exercise and smoking
- (CTCA only) Take all regular medication, except Viagra, Levitra and/or Cialis which MUST be ceased 3 days prior

Cardiovascular MRI

- Avoid eating food for 4 hours (unless diabetic*)
- Maintain normal fluid intake, but avoid caffeine (e.g. tea and coffee)
- Avoid strenuous exercise
- Avoid smoking

Cardiac Perfusion (MIBI)

- No food for 4 hours (unless Diabetic*)
- Maintain normal fluid intake
- Wear comfortable clothes and shoes
- No caffeine 24 hours prior (tea, herbal tea, coffee, chocolate, cola)
- If OK by referring doctor:
 - 48 hours prior; NO betablockers, persantin, asasantin or theophylline
 - 24 hours prior; NO calcium antagonists

Echocardiography

- **Trans-Thoracic Echocardiography (TTE)**
 - No preparation is required
- **Trans-Oesophageal Echocardiography (TOE)**
 - Nothing to eat or drink for 6 hours prior to your appointment.
 - If you are required to take tablets, mention this to the Radiology Nurse who will contact you prior to your procedure.
 - After the procedure you will be observed for approximately 2 hours.
 - You will need someone to drive you home and stay with you overnight.
- **Trans-Oesophageal Echocardiography with PVI (TOE-PVI)**
 - Please consult your Cardiologist.

REFERRER REFERENCE TABLE FOR CARDIAC NUCLEAR MEDICINE

MBS Item Number	Referrer Group	Descriptor Summary (Link to front of Request Form)	Detailed Descriptor in Medicare Benefits Schedule
61321	Specialist	Specialist Referral - Viability (Tc99m) [1 exam every 2 years]	Rest Only (Tc99m) for assessment of extent and severity of viable and non-viable myocardium
61325	Specialist	Specialist Referral - Viability (Tl201) [1 exam every 2 years]	Rest Only (Tl201) for assessment of extent and severity of viable and non-viable myocardium
61324	Specialist	Specialist Referral - Ischaemia (Stress Only) [1 exam every 2 years]	Stress Only, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61345	Specialist	Specialist Referral - Ischaemia (Rest & Stress) [1 exam every 2 years]	Rest and Stress, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or failed stress echo, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61349	Specialist	Specialist Referral - Ischaemia (Rest & Stress - post revascularisation) [1 exam per year]	Repeat Rest and Stress, when had prior imaging in last 24 months and a revascularisation procedure has ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or failed stress echo or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61329	GP	GP Referral - Ischaemia (Rest & Stress) [1 exam every 2 years]	Rest and Stress, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or failed stress echo, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61357	GP	GP Referral - Ischaemia (Stress Only) [1 exam every 2 years]	Stress Only, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology

MY APPOINTMENT DETAILS

Appt Date: ____ / ____ / ____

Appt Time: _____

Note: _____

HOW TO FIND US

San Radiology:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P1**

Nuclear Medicine:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P2**



www.sanradiology.com.au

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