

Penn State Heart & Vascular Institute

Cardiac CT Angiography
Scheduling

Date study ordered _____ Person Completing Form _____

Patient Name: _____ Patient MRN: _____

Patient Address: _____ City/State/ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Gender: Male Female Date of Birth(MM/DD/YR): _____ Age: _____

Referring Physician: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____

Would you like us to send a copy of the report to additional physician? Yes No

Additional physicians CTA report to be sent to:

Primary Insurance Company: _____

Name of Insured: _____

Relationship to Patient: _____ Insured DOB: _____

Policy Number: _____ Group Number: _____

Authorization # _____

Patient Pre-Scan History:

Iodine or Contrast Allergy Yes No

• Prophylaxis Yes No

Diabetes Mellitus Yes No

• Glucophage/Metformin Yes No

• Oral agents/ Insulin Yes No

Asthma Yes No

Renal insufficiency Yes No

• **Required Blood Work (within two weeks of test) : Cr: _____; Cr Cl _____**

(Fax lab results if available to: _____)

If Creat \leq 1.7mg/dL – no special precautions; If \geq 1.7 mg/dL call MD at _____

Viagra/Levitra/Cialis Yes No

Revatio (pulmonary hypertension) Yes No

Indications for CTA of Heart, Coronaries, Great Vessels and Lungs (check all that apply):

- Evaluation of patient with equivocal or uninterpretable stress test
- Evaluation of patient with chest pain or anginal equivalent
(Intermediate pre-test probability of CAD) or (unable to exercise) or (no ECG Δ and negative serial enzymes)
- Evaluation of patient with known CAD, chest pain and uninterruptible stress test
- Management of a *symptomatic* patient with known CAD (e.g. post-stent; post-CABG)
- Evaluation of patient with suspected congenital anomalies of coronary circulation
- Evaluation of patient prior to non-coronary artery surgery (i.e. valve or aortic surgery)
- Evaluation of a patient pre/post procedure to assess pulmonary venous anatomy
(pre- radiofrequency ablation for AFib) or (Biventricular pacemaker)
- Evaluation of a patient with new onset heart failure to assess etiology
- Evaluation of a patient with cardiac mass
- Evaluation of a patient with technically limited images from echocardiogram, MRI or TEE
- Evaluation of a patient with pericardial conditions (mass, constriction, post-cardiac surgery)
- Evaluation of a patient before repeat cardiac surgery (coronary arterial mapping)
- Evaluation of a patient for suspected aortic dissection or thoracic aortic aneurysm
- Evaluation of a patient for pulmonary embolism

(Relative) Contraindications for CTA of Heart, Coronaries, Great Vessels and Lungs (check all that apply):

- Atrial Fibrillation
- Pacemaker/AICD
- BMI > 35
- Intolerant to beta-blockers

Please Fax a copy of this request to the Penn State Heart & Vascular Institute's

Access Center: Fax: 717-531-0685 or 717-531-0224

Radiology CT scheduling: Fax 717-531-0686

Study Approved by: _____