

Cardiac Imaging Referral Advanced Cardiac Imaging Centre

Patient Name:	DOB:					
Address:	Contact Ph:					
	MRN:					
CARDIOVASCULAR CT	CARDIOVASCULAR MRI					
☐ AF Ablation Assessment ☐ TAVI Workup	Medicare Eligible (Specialist referral only) Cardiovascular MRI for the assessment and exclusion of:					
Other:	Congenital disease of the heart or great vessels					
Culor.	☐ Tumour of the heart or great vessels					
CORONARY CT	Abnormality of the thoracic aorta (dissection / Marfan's / aneurysm / coarctation)					
Medicare Eligible (Specialist referral only) CT Coronary Angiography	Vascular abnormality with previous anaphylactic reaction to iodinated contrast					
The patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery	Symptomatic ARVC (ARVC suspected on the basis of CSANZ diagnostic criteria)					
disease and would have been considered for coronary angiography	Asymptomatic ARVC (ARVC diagnosed in one or more first degree relatives)					
The patient requires exclusion of coronary artery anomaly or fistula	Non Medicare Eligible Cardiovascular MRI for the assessment and exclusion of:					
The patient will undergo non-coronary cardiac surgery	Acquired pericardial / myocardial non-neoplastic infiltration					
Non Medicare Eligible CT Coronary Angiography	/ inflammation / ischaemia / fibrosis					
Does not comply with Medicare eligibility criteria	☐ Acquired valvular disease ☐ Other:					
Coronary Calcium Score	Other					
Coronary Calcium score	NOTE Cardiac scans that do not meet Medicare criteria will incur					
CLINICAL NOTES	out-of-pocket expenses.					
	Contraindication for beta blocking? Yes / No Any previous IV contrast allergy? Yes / No Is the patient diabetic? Yes / No Renal impairment? Yes / No Is the patient possibly pregnant? Yes / No Renal function eGFR: Date: Pathology results need to be within 3 months					
REFERRING DOCTOR						
	Provider No:					
Signature:	Date:					
Results: Routine Urgent Your doctor has recommended that you use St Vincent's Hospital Cardiac Imaging	Provide: Film CD/USB entre. You may choose another provider but please discuss with your doctor first.					
ADVANCED CARDIAC IMAGING CENTRE ABN: 77 054 038 872						

Telephone: 02 8382 3420

Facsimile: 02 8382 3426

Email:

ACIC.bookings@svha.org.au

Level 2, 390 Victoria Street Darlinghurst NSW 2010

svhs.org.au/cardiac-imaging



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Appointment Date:	
Appointment Time:	

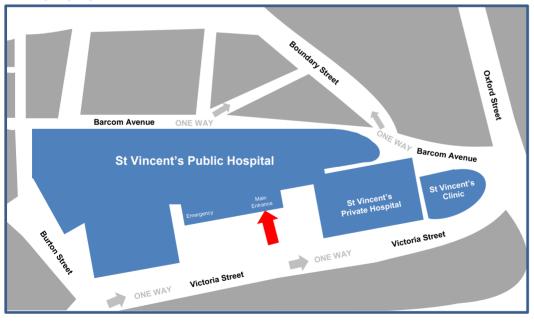
PATIENT PREPARATION - CARDIOVASCULAR CT / CORONARY CT

- Do not have any caffeine (tea, coffee, chocolate or soft drink) for 24 hours prior to the test.
- Do not have any energy or diet pills for 24 hours prior to the test. Do not have any Viagra (sildenafil) for 24 hours prior to the test. Do not have any Cialis (tadalafil) or Levitra (vardenifil) for 72 hours prior to the test.
- The following adjustments should be made to your medication regime:

PATIENT PREPARATION - CARDIOVASCULAR MRI

- There are no fasting requirements
- Patients must complete a cardiac MR safety form
- Patients must be able to lie flat for 40 minutes for the scan and most patients will require cannulation.

DIRECTIONS



The scan is undertaken at the Advanced Cardiac Imaging Centre (ACIC) at St. Vincent's Public Hospital.

Enter through the main entrance of St Vincent's Public Hospital.

Take the elevators downstairs to Level 2, turn right and then go right again, following the corridor to the far end (past Medical Records and Gastroenterology).

Parking is available in the hospital parking station (fees apply). There is also limited metered parking in the surrounding streets.

Bus: Routes 387 and 311 (from Railway Square) and 380 and 389 (from Circular Quay)

Train: The nearest train station is Kings Cross on the Eastern Suburbs line, a 15 minute walk along Victoria Street.

Taxi: Taxis regularly service St Vincent's Hospital

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