



# Cardiac Imaging Referral

## Advanced Cardiac Imaging Centre

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Ph: \_\_\_\_\_  
 \_\_\_\_\_ MRN: \_\_\_\_\_

### CARDIOVASCULAR CT

- AF Ablation Assessment
- TAVI Workup
- Other: \_\_\_\_\_

### CORONARY CT

**Medicare Eligible (Specialist referral only)**  
 CT Coronary Angiography

- The 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
- The patient requires exclusion of coronary artery anomaly or fistula
- The patient will undergo non-coronary cardiac surgery

**Non Medicare Eligible**  
 CT Coronary Angiography

- Does not comply with Medicare eligibility criteria
- Coronary Calcium Score**
- Coronary Calcium score

### CARDIOVASCULAR MRI

**Medicare Eligible (Specialist referral only)**

Cardiovascular MRI for the assessment and exclusion of:

- Congenital disease of the heart or great vessels
- Tumour of the heart or great vessels
- Abnormality of the thoracic aorta (dissection / Marfan's / aneurysm / coarctation)
- Vascular abnormality with previous anaphylactic reaction to iodinated contrast
- Symptomatic ARVC (ARVC suspected on the basis of CSANZ diagnostic criteria)
- Asymptomatic ARVC (ARVC diagnosed in one or more first degree relatives)

**Non Medicare Eligible**

Cardiovascular MRI for the assessment and exclusion of:

- Acquired pericardial / myocardial non-neoplastic infiltration / inflammation / ischaemia / fibrosis
- Acquired valvular disease
- Other: \_\_\_\_\_

### NOTE

Cardiac scans that do not meet Medicare criteria will incur out-of-pocket expenses.

### CLINICAL NOTES

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

Signature: \_\_\_\_\_ Provider No: \_\_\_\_\_  
 Date: \_\_\_\_\_

Results:  Routine  Urgent Provide:  Film  CD/USB  
*Your doctor has recommended that you use St Vincent's Hospital Cardiac Imaging Centre. You may choose another provider but please discuss with your doctor first.*

# Cardiac Imaging Referral

## *Advanced Cardiac Imaging Centre*

### APPOINTMENT DETAILS

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 (vardenafil) 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

### ADVANCED CARDIAC IMAGING CENTRE

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Darlinghurst NSW 2010

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