Superscan

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Appointments

Call, email or scan the QR Code

Patient Details (Name, DOB & Address are mandatory)

Name	D.O.B. / /
Address	
Telephone	Private ☐ W/comp ☐ T-P ☐

Parramatta
50 O'Connell St
Parramatta NSW 2150
Ph: 9683 5333
Fax: 9683 5111
parramatta@superscan.com.au

Fairfield heights
247 The Boulevarde
Fairfield Heights NSW 2165
Ph: 9609 5115
Fax: 9604 2545
fairfield@superscan.com.au

Cardiology Imaging Request

Dual Source Photon Counting CT now available at Fairfield Heights!

Specialist-referred CTCA and Calcium Score

MBS Eligible (57360)

Patient has stable or acute symptoms of coronary ischaemia and is at low-to-intermediate risk (no acute ECG changes/ biomarker elevation), AND meets one of the following:

- ☐ Patient has not had a CTCA (Item 57360/57364) within the last 5 years that detected obstructive disease.
- ☐ Previous CTCA within 5 years detected obstructive disease.
- ☐ Previous CTCA within 5 years was clear, but patient now qualifies for invasive angiography (MBS 38244–38249).

MBS Eligible (57364)

One of the following applies:

- ☐ Stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology
- ☐ Exclusion of coronary artery anomaly or fistula
- ☐ Undergoing non-coronary cardiac surgery
- ☐ Meets MBS criteria for invasive angiography to assess the patency of one or more bypass grafts.

☐ **Non Medicare Eligible**

Clinical History

- ☐ Diabetes
- ☐ Hyperlipidaemia
- ☐ Family history of heart disease
- ☐ Previous bypass grafts*
- ☐ Smoker
- ☐ Hypertension
- ☐ High Calcium Score*
- ☐ Previous stents(s)*

* Photon Counting CT recommended

Clinical Information

_____

_____

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Other Imaging

CT Angiogram

- ☐ Pulmonary Angiogram
- ☐ Renal Angiogram
- ☐ Thoracic Aorta
- ☐ Abdominal Aorta
- ☐ Lower Limbs
- ☐ Subclavian
- ☐ Circle of Willis
- ☐ Carotid/Vertebral Arteries

Other CT

- ☐ Calcium Score
- ☐ Chest
- ☐ Brain
- ☐ Adrenals

Nuclear Medicine

- ☐ Myocardial Perfusion (61345)
- ☐ Repeat Myocardial Perfusion (61349)
- ☐ Myocardial Perfusion (Non Medicare Eligible)
- ☐ VQ Scan
- ☐ Cardiac Amyloidosis Scan
- ☐ Gated Heart Pool Scan

Other

- ☐ Ultrasound Carotid Doppler
- ☐ X-ray Chest
- ☐ Other: _____

_____

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Doctor's details:

Doctor's Signature: _____ Date: _____

- ☐ DICOM Download
- ☐ Hard copies required
- ☐ Release images without report
- ☐ Send more referral pads
- ☐ cc Report to:

_____

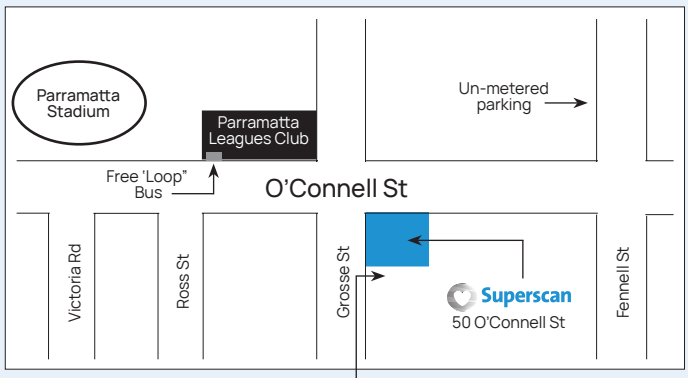
_____

_____

See Reverse Side For Patient Preparation

Parramatta

Map of practice location and parking



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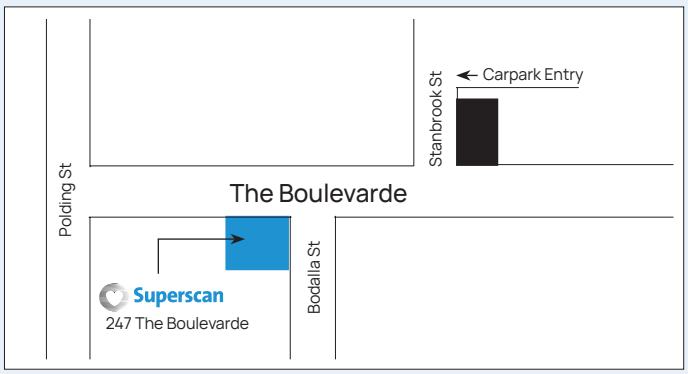
Fairfield Heights

Map of practice location and parking



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fairfield@superscan.com.au

If you've had previous imaging elsewhere, please bring images to your appointment.

PREPARATION FOR SCANS

CT (Dual Source)

CT Coronary Angiogram

- No Caffeine (Coffee, Tea, Chocolate, Energy Drinks, Coca-Cola) for 24 hours prior.
- No food for 3 hours prior.
- Drink 1 glass of water every hour whilst fasting.

Nuclear Medicine

Myocardial Perfusion Scan

- No Caffeine (Coffee, Tea, Chocolate, Energy Drinks, Coca-Cola) for 24 hours prior.
- No Beta-Blockers for 24 hours prior.
- No food from midnight.
- Drink 1 glass of water every hour whilst fasting.
- Wear comfortable clothes and footwear that you are able to exercise in.

Appointment durations

CT Coronary Angiogram: Allow 2 hours

Myocardial Perfusion scan: Allow 3 hours

Appointment time: _____ Date: _____

Whilst you are entitled to take this request form to another imaging provider, it would be advisable to respect your Doctor's wishes and have your scan performed at Superscan. This will ensure you get scanned on new top of the line equipment and experience an outstanding service.

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