

Cardiac CT & Nuclear Medicine Request

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Patient Details:

DOB:

Clinical Notes:

Procedure Requested:

- CT Coronary Angiogram: Indication for test (Medicare requirement please tick box)
 - Symptoms consistent with coronary ischaemia
 - Evaluation of coronary arteries prior to non-coronary cardiac surgery
 - Exclusion of coronary anomaly
 - Other _____
- CT Coronary Calcium Score
- Nuclear Medicine Stress Sestamibi

Referrer details:

Name:

Address:

Provider No:

Phone:

Signature:

Date:

Report to be:

- Faxed
- Emailed
- Sent with Patient
- Delivered
- More Referral Pads

Copy to _____

A Fully Accredited Cardiac CT Centre

Eastern Radiology Services Pty Ltd ABN 49 128 588 376 trading as Sydney X-Ray, Bondi Junction