Cardiac CT Referral

JonesRadiology

Appointment Time:	Day:		Date:		Location:			
Patient's Name			Date of Birth		Telephone No			
Address	1			Medicare No				
1. Examination		2. Clinical De	tails			3. Referrer		
Cardiac CT								
Rebated								
CT Coronary Angiogram & Calcium Score								
Please select one below:								
Symptoms suggestive of ischaemia								
Exclude coronary artery anomaly or fist	ula							
New left ventricular dysfunction								
Non-coronary cardiac surgery								
Assess patency of bypass grafts	Creatinine	µmol/L	eGFR	mL/min	Date:			
Pulmonary Veins Study/LAA								
TAVI		4. Results						
CTA Aorta (ECG gated)		Fax Report (No)						
Non-Rebated	Copies to:							
CTCA		Grant Jones Radiology online access to:						
Calcium Score								
Doctor Signature		Date	/ /					

Referrer Checklist - CT Coronary Angiogram					
Patient requires Heart Rate Control Current heart rate: bpm	Yes 🗌 No 🗌				
Ideal HR for CT coronary angiogram (not required for calcium score) is at or below 60bpm. Patient preparation should be based on individual assessment and the following is a general guide only.					
If the answer is yes to any of the following, no additional medica	tion should be given:				
Heart Block (Mobitz II or complete)	Yes No				
Bradycardia (< 50 bpm)	Yes No				
Hypotension (SBP < 100mmHg)	Yes No				
Heart failure (decompensated)	Yes No				
Significant asthma	Yes No				
Severe COPD	Yes No				
Does patient have an allergy to beta-blockers?	Yes No				
Does patient have an allergy to Ivabradine?	Yes No				
Is the patient on a calcium channel blocker?	Yes No				

Heart Rate	Medication	Evening before	2 hours before scan	
If using Beta-Blockers		(mg)	(mg)	
55-64	Metoprolol	25	25	
65-74	Metoprolol	50	50	
≥75	Metoprolol	50	75	
	Metoprolol	50	75	
≥85	Ivabradine	7.5	75	
If not using Beta-Blockers		(mg)	(mg)	
≥60	Ivabradine	7.5	7.5	

Patient Instructions - CT Scan Preparation

- Clear fluids encouraged for hydration (fasting is NOT required).
- No nicotine products (smoking or vaping) 4 hours prior to scan. • Withhold from taking Viagra/Cialis medications for 3 days prior to your appointment.
- Take any beta blocker medications prescribed by your prescribing doctor for the procedure as directed.
- Please bring this referral form, your Medicare card and your pension/health care card to your appointment.
- Please bring a list of your prescribed medications to your appointment.

For additional information visit:



Medication	Evening before scan	2 hours before scan			
Your doctor has recommended you use Jones Radiology. You may choose another provider however it is important to discuss this with your doctor first.					

Book your appointment

1800 375 663

A clearer picture

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REF008_Apr24

				Calcium Score	CTCA	Pulmonary Vein Study	2	Gated Aorta
Cardiac Imaging Locations	Address	Phone	Fax	Cal	OTO	Pul Vei	TAVI	Gat
SAHMRI sahmri@jonesradiology.com.au	North Terrace, Adelaide	8470 6750	8470 6780	•	•	•	•	•
St Andrew's Hospital standrews@jonesradiology.com.au	1st Floor, 350 South Terrace, Adelaide	8402 4401	8402 4430	•	•	•	•	•
337 South Terrace Radiology Centre 337@jonesradiology.com.au	337 South Terrace, Adelaide	7100 5029	7100 5013	•				•
Calvary Adelaide Hospital calvaryadelaide@jonesradiology.com.au	Level 2, 120 Angas Street, Adelaide	7100 7800	7100 7855	•	•	•	•	•
Gawler Health Service gawler@jonesradiology.com.au	21 Hutchinson Rd, Gawler East	8505 1550	8505 1578	•	•			•
Kurralta Park (Tennyson Centre) kurralta@jonesradiology.com.au	520 South Road, Kurralta Park	1300 435 566	8193 9550	•				•
Modbury modbury@jonesradiology.com.au	27 Smart Road, Modbury	8397 5800	8397 5811	•				•
Mount Barker District Hospital mtbarker@jonesradiology.com.au	Wellington Road, Mount Barker	1800 766 433	8188 7729	•	•			•
Port Lincoln Hospital ptlincoln@jonesradiology.com.au	Oxford Terrace, Port Lincoln	7625 3600	7625 3620	•				•
Prospect prospect@jonesradiology.com.au	294 Main North Road, Prospect	8309 4130	8309 4142	•				•
Seaford Meadows seaford@jonesradiology.com.au	67 Seaford Road, Seaford Meadows	1800 373 982	8386 4412	•				•
Victor Radiology Centre vrc@jonesradiology.com.au	170 Hindmarsh Road, Victor Harbor	7523 9894	7523 9893	•	•			•
Wallaroo District Hospital wallaroo@jonesradiology.com.au	Wallaroo	7624 9730	7624 9739	•				•
Whyalla Hospital whyalla@jonesradiology.com.au	Wood Terrace, Whyalla	76249700	76249725	•				•

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Upload referral form

jonesradiology.com.au/ upload-a-referral

Please bring this referral form, your Medicare card and your pension/health care card

Visit jonesradiology.com.au for full list of local clinics and other services. Enquiries: contactcentre@jonesradiology.com.au