

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

Referrer Checklist - CT Coronary Angiogram	Heart Rate	Medication	Evening before	2 hours before scan
Patient requires Heart Rate Control Yes <input type="checkbox"/> No <input type="checkbox"/> Current heart rate: <input type="text"/> bpm 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 medication should be given: Heart Block (Mobitz II or complete) Yes <input type="checkbox"/> No <input type="checkbox"/> Bradycardia (< 50 bpm) Yes <input type="checkbox"/> No <input type="checkbox"/> Hypotension (SBP < 100mmHg) Yes <input type="checkbox"/> No <input type="checkbox"/> Heart failure (decompensated) Yes <input type="checkbox"/> No <input type="checkbox"/> Significant asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Severe COPD Yes <input type="checkbox"/> No <input type="checkbox"/> Does patient have an allergy to beta-blockers? Yes <input type="checkbox"/> No <input type="checkbox"/> Does patient have an allergy to Ivabradine? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the patient on a calcium channel blocker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If using Beta-Blockers (mg) (mg) 55-64 Metoprolol 25 25 65-74 Metoprolol 50 50 ≥ 75 Metoprolol 50 75 ≥ 85 Metoprolol 50 75 Ivabradine 7.5 7.5 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

Book your appointment

1800 375 663

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

Cardiac Imaging Locations				Calcium Score	CTCA	Pulmonary Vein Study	TAVI	Gated Aorta
	Address	Phone	Fax					
<input type="checkbox"/> SAHMRI sahmri@jonesradiology.com.au	North Terrace, Adelaide	8470 6750	8470 6780	•	•	•	•	•
<input type="checkbox"/> St Andrew's Hospital standrews@jonesradiology.com.au	1st Floor, 350 South Terrace, Adelaide	8402 4401	8402 4430	•	•	•	•	•
<input type="checkbox"/> 337 South Terrace Radiology Centre 337@jonesradiology.com.au	337 South Terrace, Adelaide	7100 5029	7100 5013	•				•
<input type="checkbox"/> Calvary Adelaide Hospital calvaryadelaide@jonesradiology.com.au	Level 2, 120 Angas Street, Adelaide	7100 7800	7100 7855	•	•	•	•	•
<input type="checkbox"/> Gawler Health Service gawler@jonesradiology.com.au	21 Hutchinson Rd, Gawler East	8505 1550	8505 1578	•	•			•
<input type="checkbox"/> Kurralta Park (Tennysen Centre) kurralta@jonesradiology.com.au	520 South Road, Kurralta Park	1300 435 566	8193 9550	•				•
<input type="checkbox"/> Modbury modbury@jonesradiology.com.au	27 Smart Road, Modbury	8397 5800	8397 5811	•				•
<input type="checkbox"/> Mount Barker District Hospital mtbarker@jonesradiology.com.au	Wellington Road, Mount Barker	1800 766 433	8188 7729	•	•			•
<input type="checkbox"/> Port Lincoln Hospital ptlincoln@jonesradiology.com.au	Oxford Terrace, Port Lincoln	7625 3600	7625 3620	•				•
<input type="checkbox"/> Prospect prospect@jonesradiology.com.au	294 Main North Road, Prospect	8309 4130	8309 4142	•				•
<input type="checkbox"/> Seaford Meadows seaford@jonesradiology.com.au	67 Seaford Road, Seaford Meadows	1800 373 982	8386 4412	•				•
<input type="checkbox"/> Victor Radiology Centre vrc@jonesradiology.com.au	170 Hindmarsh Road, Victor Harbor	7523 9894	7523 9893	•	•			•
<input type="checkbox"/> Wallaroo District Hospital wallaroo@jonesradiology.com.au	Wallaroo	7624 9730	7624 9739	•				•
<input type="checkbox"/> Whyalla Hospital whyalla@jonesradiology.com.au	Wood Terrace, Whyalla	7624 9700	7624 9725	•	•			•

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

Book your appointment

1800 375 663



Upload referral form

[jonesradiology.com.au/
upload-a-referral](http://jonesradiology.com.au/upload-a-referral)

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