

ChestRad

Chest Imaging Specialists

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(08) 6271 3660
PLEASE PHONE FOR ALL CT APPOINTMENTS

21A Hampden Road, Nedlands WA 6009
Email to: admin@chestrad.com.au
Facsimile: (08) 6149 8499

Book online at:
www.chestrad.com.au

(V4)

RADIOLOGY REFERRAL

Patient's Name: Date of Birth: Sex:

Address: Telephone:

EXAMINATIONS

- ☐ **CT Calcium Score Only** (no rebate)
- ☐ **CTCA for ischaemia** (specialist referral)
  - ☐ No CTCA in prior 5 years, but with;
    - ☐ Symptoms eligible for invasive angio*
    - ☐ Prior obstructive CAD and now symptoms
    - ☐ No prior obstructive CAD and not eligible for invasive angio (no rebate)

**Satisfying criteria for invasive angiography item 38244, 38247, 38248 or 38249*

- ☐ **CTCA for cardiac disease** (specialist referral)
  - ☐ New LV impairment
  - ☐ Exclusion of anomolous coronaries or fistula
  - ☐ Pre-op non-coronary cardiac surgery
  - ☐ Bypass graft assessment

- ☐ **CTCA GP Referral** (no rebate)
- ☐ **CT Cardiovascular** (other)
  - ☐ PVI / AF ablation work-up
  - ☐ CTPA
  - ☐ Thoracic Aorta / Aortic Valve
  - ☐ Whole Aorta including iliacs
  - ☐ Carotid & COW
  - ☐ Other angio _____
- ☐ **CT Chest / HRCT Chest**
  (Photon Counting CT therefore all chest CT's are low dose or ultra-low dose)

RESULTS: (please tick ✔) Urgent | Semi-Urgent | Non-Urgent

Clinical History:

Referrer: Signature:

Provider No:

Date:

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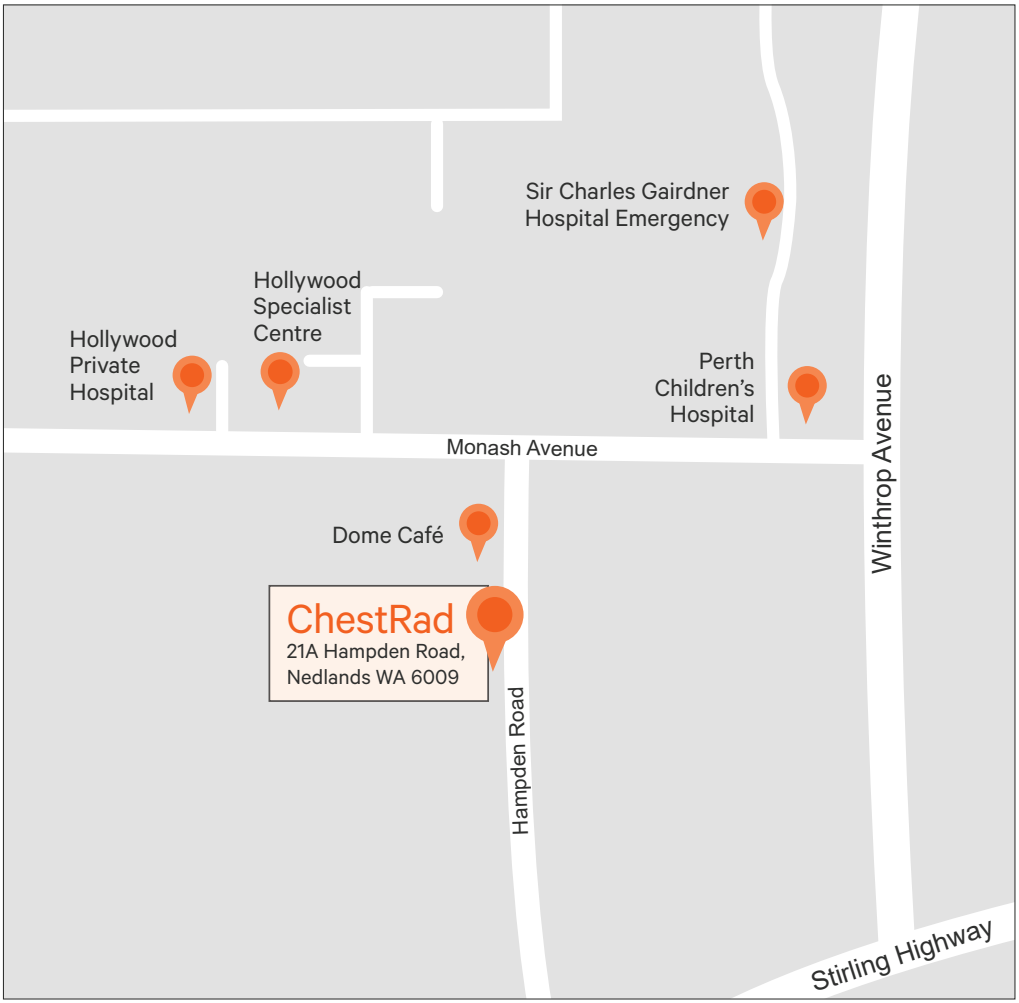
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PATIENT PREPARATION INSTRUCTIONS:

- Please fast for 2 hours prior to your scan
- Stay well hydrated before fasting and after your scan
- Continue to take regular medication unless you are on Metformin
- Bring a list of any current medications
- Bring this referral to your appointment

THE HOME OF WESTERN AUSTRALIA'S FIRST PHOTON COUNTING CT MACHINE!