

# CORONARY CT ANGIOGRAPHY REQUEST ORDER FORM

TODAY'S DATE: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

## PATIENT REGISTRATION DATA & DEMOGRAPHICS

Name: \_\_\_\_\_ MRN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: Male/Female Home Phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Reason for procedure: \_\_\_\_\_

INSURANCE NAME: \_\_\_\_\_ INS. PRE-CERT AUTH#: \_\_\_\_\_

### Indication (check one or more):

- ☐ Chest Pain, typical for angina    ☐ Chest Pain, atypical for angina  
☐ Suspected silent ischemia    ☐ Assessment of bypass graft

Does the patient have known ischemic heart disease? ☐ Yes ☐ No

If No, risk factors for ischemic heart disease:

- ☐ Low HDL cholesterol    ☐ Family history of early onset ischemic heart disease  
☐ Diabetes  
☐ Hypertension    ☐ Age >55 years male, >65 years female  
☐ Smoking

Contrast Media Allergy: ☐ Yes ☐ No

If Yes, Reaction Symptoms: \_\_\_\_\_

Implantable Devices: ☐ Yes ☐ No

If Yes, please list devices: \_\_\_\_\_

Recent creatinine value and date (obtained within past week):  
\_\_\_\_\_

Viagra, Cialis, Levitra use (or other contraindication to nitrates): ☐ Yes ☐ No

### Procedure (CPT) Requested:

\_\_\_\_ **75571 CT HRT W/O CONEVAL COR CAL**  
(coronary artery calcium score)

\_\_\_\_ **75572 CT HRT W/3DIMAGE**  
(pre-ablation pulmonary venous mapping, TAVR, LVAD)

\_\_\_\_ **75573 CT HRT W/3D IMAGE CONGEN**  
(congenital heart disease: adult & pediatrics; treated congenital heart disease: adult & pediatrics)

\_\_\_\_ **75574 CT ANGIO HRT W/3D IMAGE**  
(coronary artery disease evaluation; anomalous coronary artery; coronary bypass graft evaluation)

**Baseline HR:** \_\_\_\_\_

Having a low and regular heart rate during the CT study is the most important factor for a good quality coronary CTA study.

- A. If baseline HR is > 65 bpm, beta blockers (equivalent of 50-100mg of metoprolol or calcium antagonist) must be prescribed for 3 days prior to the CT exam date.  
B. If baseline HR is < 65 bpm, it is preferred to prescribe beta blockers for at least 1 day prior to the CT exam date.

#### *\*Suggested Medication Regimens:*

1. Metoprolol 25-50 mg po bid x at least 3 days prior to the scan, then 50-100mg po 1 hour prior to the scan
2. Diltiazem (Immediate release) 60 mg po q6 hours x 3 days with last dose 1 hour prior to scan

*Note: the referring MD is responsible for prescribing the beta blocker prior to the CT*

For non-coronary cardiac CT studies (e.g. pulmonary vein mapping, congenital heart disease, TAVR, LVAD) if the heart rate is < 85 bpm, medications to lower the heart rate may not be needed.

MD Requesting: \_\_\_\_\_ Service: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Signature Printed: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**\*\*PLEASE FAX COMPLETED FORM, PATIENT'S CURRENT MEDICATION LIST, AND MOST RECENT CLINICAL NOTE TO (205) 731-6479.**