



# Cardiac Imaging Request

## Bulk Billing



**LIFE MEDICAL IMAGING**  
CENTRAL COAST

PLEASE BRING PREVIOUS FILM FOR COMPARISON

NAME:

DATE:

DETAILS:

MEDICARE NO:

WORKERS COMPENSATION

### CT CARDIAC

- CT Coronary Angiogram       CT Coronary Angiogram + Calcium Score  
 Calcium Score Only       TAVI Workup  
 CT Thoracic Angiogram       CT Pulmonary Vein (RFA Planning)

### STRESS ECHO

- Echocardiogram       Stress Echo       Echocardiogram plus Stress Echo  
 ECG       Exercise Stress Test      (Bulk Billed)  
 24hr Holter Monitor       24 Hour BP Monitor  
 Other \_\_\_\_\_

### PROCEDURES

- Image Guided Biopsy  
 Injections

**Urgent**  
MBS eligible examinations  
WILL BE BULK BILLED

**Non-Urgent**

Dr Niall Fennessey  
 Dr Mark Cooper  
 Dr Jackson Wong  
 Dr Frank Wong  
 Dr Maged William  
 Dr John Mooney  
 Dr Nicklas Howden

Ultra-Low Dose  
 High Definition CT  
 Digital X-Ray  
 OPG and Cephalogram  
 Ultrasound  
 Obstetric Ultrasound 3D/4D  
 Gynaecologic Ultrasound  
 Dexa/Bmd  
 Interventional Procedures  
 Echos  
 Stress Echos  
 Cardiac Imaging  
 Digital Dental Imaging

**BATEAU BAY**  
 P4/12 Bay Village Rd  
 Bateau Bay NSW 2261  
 Mon to Fri 8am to 5:30pm  
 Sat 8am to 12pm

**KILLARNEY VALE**  
 1/3-5 Farrar Rd  
 Killarney Vale NSW 2261  
 Mon to Fri 9am to 5pm

**UMINA**  
 310 West St  
 Umina NSW 2257  
 Mon to Fri 8am to 6pm  
 Sat and Sun 9am to 5.30pm

**ERINA**  
 Shop 1, 148-158  
 The Entrance Road  
 Erina NSW 2250  
 Mon to Fri 8am to 5.30pm

T 02 4326 7000  
 F 02 4326 7077  
 E info@lifeimaging.com.au  
 W www.lifeimaging.com.au

### Referral Pad Re-order

- A5 (manual)  
 A4 (for printer)

### CT MEDICARE ELIGIBILITY (for Specialist referral only)

For Medicare eligible scans (Please indicate which criteria met)

- Stable symptoms consistent with coronary ischaemia, at low intermediate risk of coronary artery disease and would have been considered for angiography  
 Exclusion of coronary artery anomaly or fistula  
 Undergoing non-coronary cardiac surgery

### STRESS ECHO ELIGIBILITY

- Suspected coronary artery disease  
 Chest pain  
 Exercise induced arrhythmia  
 Known coronary artery disease follow up  
 Pre-operative cardiac assessment  
 As part of a heavy vehicle or aviation license

### MEDICAL HISTORY (include previous revascularisation procedures)

- Prior Myocardial infarct  
 Prior Coronary Stent / Angioplasty  
 Coronary Bypass Graft       LIMA       RIMA  
 Heart Failure       SVG  
 Previous CCTA

### PRECAUTIONS

Please inform us at the time of booking if any of the below boxes are ticked, as the scan may not be possible.

- Atrial Fibrillation / High Grade Ectopy  
 Advanced Heart Block  
 Contraindication to Beta Blockers  
 Pacemaker

### RISK FACTORS

- Smoker       Ex-Smoker > 1 year       Diabetes  
 Hypertension       Hyperlipidaemia       Family History

### ECHO ELIGIBILITY

- Symptoms or signs of cardiac failure  
 Dyspnea       Legs swelling  
 Palpitation       Significant arrhythmia  
 Chest pain  
 Suspected or known ventricular hypertrophy or dysfunction  
 Heart murmur  
 Suspected or known acquired valvular heart disease  
 Suspected or known thrombotic, or embolic disease  
 AF       Recent TIA or stroke

### Pretreatment Metoprolol

(Ideal scan heart rate is 45-60bpm)

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| 24 Hours pre                  | 12 Hours pre                  | 1 Hour pre                    |
| <input type="checkbox"/> 25mg | <input type="checkbox"/> 25mg | <input type="checkbox"/> 25mg |
| <input type="checkbox"/> 50mg | <input type="checkbox"/> 50mg | <input type="checkbox"/> 50mg |

### CURRENT MEDICATIONS

- Beta Blocker       Antiplatelet Therapy  
 Calcium Channel Blocker       ACEI/ARB  
 Digoxin       Statin  
 Amiodarone       Fibrate  
 Other Antiarrhythmic       Ezetimibe

### ALLERGIES

- Iodine  
 Other

If patient requiring IV contrast,  
 recent Creatinine level/eGFR: \_\_\_\_\_

### REFERRER DETAILS

NAME:	PROVIDER NO:
ADDRESS:	
TELEPHONE:	FAX:
	COPIES TO:
SIGNATURE: _____	DATE: _____

YOUR DOCTOR HAS RECOMMENDED THAT YOU USE LIFE MEDICAL IMAGING. YOU MAY CHOOSE ANOTHER PROVIDER BUT PLEASE DISCUSS THIS WITH YOUR DOCTOR FIRST.

I, \_\_\_\_\_ hereby give permission to Life Medical Imaging to release my report/s & images from this examination to medical practitioners / hospitals & in cases of workers compensation, the insurance company for reference & continuation of care as required.

Patient / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient

Exam

Clinical Notes

Clinical Notes

Referring Doctor

# Patient Information

## 1 How to book



FOLLOW 2 SIMPLE STEPS TO GET A CALL BACK!

1. Take a photo of the front page
2. Send it via **SMS** to **0417 714 282**.  
Done! We will contact you shortly.

OR



02 4326 7000



bookings@lifeimaging.com.au



www.lifeimaging.com.au/bookings

## 2 Your Appointment

Date: \_\_\_\_\_ Appointment time: \_\_\_\_\_  
Please arrive 15 minutes prior to your appointment time

Preparation: \_\_\_\_\_

For preparation please refer to lifeimaging.com.au

## 3 Whats important?

### General X-Ray I OPG

No appointment needed. Please attend one of our clinics during office hours. All medicare eligible X-Rays are **Bulk Billed**.

### Ultrasound

Please make an appointment. Preparation prior to examination may be required. All medicare eligible examinations are **Bulk Billed**.\*

\*Except for Cardiac CT, Vascular and Obstetric Ultrasound.

### Interventional/Procedures

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

### Bone Densitometry | Dental

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

### Key Preparation For Patients

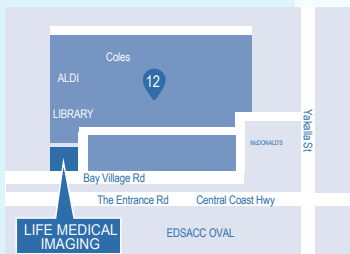
- Cease all food and drinks that contain caffeine for 12 hours prior to scan
- Cease cigarettes for 12 hours prior to scan
- Cease Viagra for 12 hours prior to scan
- Nothing to eat for 2 hours prior to scan
- Remain well hydrated, continue with non-caffeinated fluids
- Advise Customer Service staff if you have diabetes, kidney problems, a port-a-cath, difficult veins for cannulation, or a previous allergy to CT contrast/dye.

Your referring Cardiologist may have given you some beta blocker tablets to take to lower your heart rate before you have your CT scan. By taking the medication as directed by your Cardiologist this will enable us to obtain the best possible image quality whilst reducing the amount of time the scan will take.

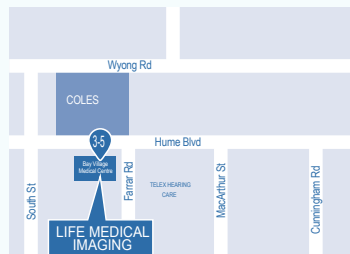
### For Referrers

If your patients resting heart is >60bpm or labile and you feel it is clinically safe for outpatient rate control please pre-medicate using the following protocol if the use of beta blocker is not clinically contraindicated (including prior sensitivity, asthma, reversible COPD, second and third degree heart block).

- Evening before scan - 50mg oral Metoprolol
- Morning of the scan - 50mg oral Metoprolol



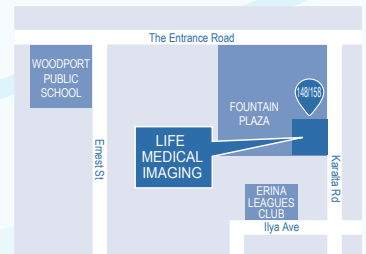
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