

Cardiac CT Requisition

Coronary stent Yes No Date: Diabetes Yes No Prior myocardial infarction Yes No Hypertension requiring medication Yes No		T.				
Fax (905) 428-5243 Health Card		Telephone (905) 683-2320	Last Name			
Health Card	Ajax, ON L1S 2J4				_ Sex □ Male □ Female	
Calcium Score Only Pulmonary Vein Study CABG Study Appointment: Indication for Exam: History of Allergy to IV Contrast:			Health Card		Version Code	
Pulmonary Vein Study	☐ CT Angiography (with Calcium Score)		Address			
Business (☐ Calcium Score Only		City		Postal Code	
Appointment: Indication for Exam:	☐ Pulmonary Vein Study		Telephone	Home ()	
Appointment: Indication for Exam: History of Allergy to IV Contrast:	☐ CABG Study			Business ()	
History of Allergy to IV Contrast:	-			Cell ()	
History of Allergy to IV Contrast:	Appointment:					
Patient's weight:kg	Indication for Exam:					
Clinical Profile CABG	History of Allergy to IV Contrast: ☐ Yes ☐ No If yes, type of reaction:					
CABG	Patient's weight: kg Intolerance to Beta Blockers: Yes No					
Coronary stent	Clir	nical Profile		Risk for Co	ntrast Nephropathy	
Prior myocardial infarction	CABG	CABG Yes No Date:		>60 years of age	☐ Yes ☐ No	
Any other kidney problem (e.g. nephropathy, transplant, single kidney, surgery, cancer, dialysis) Smoker	Coronary stent		Diabetes	☐ Yes ☐ No		
AD nephropathy, transplant, single kidney, surgery, cancer, dialysis) Smoker	Prior myocardial infarction			Hypertension requiring	g medication 🗌 Yes 📗 No	
On lipid lowering therapy				nephropathy, transplant, single		
Severe aortic stenosis	Smoker			If VES to any of the above provide:		
Chronic atrial fibrillation	On lipid lowering therapy			ii 1ES to any or the ar	bove provide.	
Symptoms: Typical chest pain Atypical chest pain Dyspnea Other None Prior Stress: Nuclear Stress echo Graded exercise test None Ethnicity: Caucasian Black South Asian Asian Middle Eastern Other PHYSICIAN INSTRUCTIONS: If patient is not already on Chronic Beta Blockers, then prescribe BISOPROLOL 5 mg to be taken for 5 days (inclusive of the CTscan day) If patient is prone to anxiety, please prescribe LORAZEPAM 1 mg 30 minutes prior to CT scan ** Patient will require someone to drive them home** Instruct patient to abstain from VIAGRA®, LEVITRA®, or CIALIS® for 72 hours prior to the test Referring Physician Copies to:	Severe aortic stenosis	S ☐ Yes ☐ No		Creatinine:	eGFR:	
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Prior Stress: Nuclear Stress echo Graded exercise test None Ethnicity: Caucasian Black South Asian Asian Middle Eastern Other PHYSICIAN INSTRUCTIONS: If patient is not already on Chronic Beta Blockers, then prescribe BISOPROLOL 5 mg to be taken for 5 days (inclusive of the CTscan day) If patient is prone to anxiety, please prescribe LORAZEPAM 1 mg 30 minutes prior to CT scan ** Patient will require someone to drive them home** Instruct patient to abstain from VIAGRA®, LEVITRA®, or CIALIS® for 72 hours prior to the test Referring Physician Copies to:	HOCM	☐ Yes ☐ No		rest date.	Denoing	
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	Referring Physician			Copies to:		
Physician's Signature Date	Phone #	Fax #				
	Physician's Signatur	e e	Date			

Please fax this completed form, along with most recent ECG and bloodwork if required.
INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED

