Elysian Health

Imaging and Diagnostics
Suite 200- 2626 Croydon Drive
Surrey, BC, V3Z 0S8
Phone (604) 256-3010
Fax (778) 613-2656
imaging@elysianhealth.ca

CARDIAC CTA/ CALCIUM SCORE REQUISITION

SURNAME	FIRST NAME	SEX
ADDRESS		DATE OF BIRTH
CELL PHONE	HOME PHONE	PHN

EXAM REQUESTED: ☐ CARDIAC CTA ☐ CA SCORE ☐ OTHER_____

CONTRAINDICATIONS: DO NOT PROCEED

☐ ATRIAL FIB/ IRREGULAR RHYTHM ☐ CONTRAST ALERGY ☐ GFR <30 ☐ WEIGHT > 350 lbs

INDICATION:

RECENT:

	POSITIVE+	NEGATIVE-	INCONCLUSIVE
STRESS ECG			
STRESS MIBI			

RELEVANT CARDIAC HISTORY OF:

PRIOR PCI	☐ YES ☐ NO
PRIOR CABG	☐ YES ☐ NO
PRIOR MI	☐ YES ☐ NO

PRIMARY INDICATION:

☐ ATYPICAL ANGINA
☐ TYPICAL ANGINA
☐ NON- DIAGNOSTIC NON INV TEST
☐ ASYMPTOMATIC RISK FACTOR (Ca score only)

CARDIAC RISK FACTORS:

☐ HYPERTENSION ☐ ETOH> 2 DRINKS/DAY
☐ DIABETES ☐OBESITY (BMI >30)
☐ SMOKER ☐ SOUTH ASIAN DESCENT
☐ HYPERLIPIDEMIA

PATIENT INFORMATION (Cardiac CTA requires beta blockers described below, the patient requires HR of 60 BPM or less for diagnostic exam.) *No premedication for Ca Score or TAVI

☐ Beta Blocker provided- Metoprolol 50mg* 2 tabs (take one in evening prior and one 1.5 hrs prior to exam)
☐ NO CAFFEINE FOR 24 HOURS PRIOR TO EXAM *Includes Ca Score

IF CONTRAINDICATIONS ☐Pre-existing Brady Cardia ☐Adequate existing Beta Blocker
☐ Asthma ☐Profound weakness
☐Pacemaker ☐Contraindications to Nitroglycerine?

☐Rhythm NSR If not NSR: _____

Is patient: Pregnant ☐YES ☐NO Date of LMP: _____

CONTRAST ALLERY? Elysian is an outpatient facility and unable to accommodate patients with known contrast allergies despite premedication. Please refer to a hospital for scanning a patient with contrast allergy

Requesting Physician: _____ Signature: _____
MSP# _____ Phone: _____ Fax: _____
Additional Copies to: _____ Fax: _____

Radiologist Protocol:	Approved by: