



**Cardiac CT SCAN and Coronary CTA Angiography**

Patient Name:		DOB:
Home Phone Number:	Work Phone:	Alternate Number:
Referring Physician:		Office Phone:
Physician's Address:		Fax #:
Clinical History:		
Is the patient diabetic?	Yes    No	If yes, list medications:
Is the patient pregnant?	Yes    No	
Physician Signature:		Date:

<b>Indication(s):</b>	<input type="checkbox"/> Chest Pain /Angina	<input type="checkbox"/> Chest Pain with Atypical Features
	<input type="checkbox"/> Shortness of Breath/Dyspnea	<input type="checkbox"/> Acute Coronary Syndrome
	<input type="checkbox"/> Positive or Equivocal Stress Test	<input type="checkbox"/> Known Coronary Artery Disease
	<input type="checkbox"/> Recent Myocardial Infarction	<input type="checkbox"/> Prior Coronary Artery Bypass
	<input type="checkbox"/> Abnormal ECG	<input type="checkbox"/> Atrial Fibrillation
	Other _____	
Required Blood Work (within four weeks of test)		
Date: _____	BUN: _____	Creatinine: _____
History of prior coronary angiography and/or cardiac surgery?	<input type="radio"/> YES	<input type="radio"/> NO
If "Yes", please describe: _____		
Prior imaging study employing iodinated contrast media?	<input type="radio"/> YES	<input type="radio"/> NO
History of allergy or adverse reaction to iodinated contrast media?	<input type="radio"/> YES	<input type="radio"/> NO
If "Yes", please describe: _____		
Does the patient have asthma or other reactive airway disease?	<input type="radio"/> YES	<input type="radio"/> NO
Is the patient currently in atrial fibrillation?	<input type="radio"/> YES	<input type="radio"/> NO
Hours of Operation: Monday – Friday 8am – 2pm.		

<p><b>Please call 212.473.2300 to schedule an appointment.</b></p> <p>Requirements for Scheduling: Please fax a copy of the following if available:</p> <p><input type="checkbox"/> Progress Note    <input type="checkbox"/> Echo    <input type="checkbox"/> Stress test    <input type="checkbox"/> Cardiac Cath    <input type="checkbox"/> CT/MRI Scan</p> <p>Appointment Date / Time: _____ Auth #: _____</p> <p>Please have your insurance card available. <b>Please Note: Co-payments are collected at time of visit.</b></p>
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