

Book online: [qscan.com.au/bookings](http://qscan.com.au/bookings)  
or email your referral: [webrequests@qscan.com.au](mailto:webrequests@qscan.com.au)

Patient name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

WorkCover claim number: \_\_\_\_\_

## Cardiac Referral



### EXAMINATION REQUESTED

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CT coronary angiogram     | <input type="checkbox"/> MRI cardiac    | <input type="checkbox"/> Carotid doppler                      |
| <input type="checkbox"/> CT coronary calcium score | <input type="checkbox"/> Other studies  | <input type="checkbox"/> CTLA                                 |
|  | <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Cardiac perfusion                    |
|  |   | <input type="checkbox"/> MIBI <input type="checkbox"/> Others |

### CLINICAL DETAILS/REGION TO BE EXAMINED

### REFERRAL ELIGIBILITY

#### SPECIALIST REFERRAL (Medicare eligible)

One of the following criteria must be present (please tick where appropriate):

#### CT (BULK BILLED)

- Patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for invasive coronary angiography.
- Patient requires exclusion of coronary artery anomaly or fistula.
- Evaluation of coronary arteries prior to non-coronary cardiac surgery.

#### MRI (BULK BILLED\*)

- |  |   |
|--|---|
| <input type="checkbox"/> Congenital cardiac                        | <input type="checkbox"/> ARVC/ARVD findings/symptom assessment - exclude arrhythmogenic right ventricular cardiomyopathy: right and left ventricular analysis will be performed |
| <input type="checkbox"/> Cardiac tumour                            |   |
| <input type="checkbox"/> Thoracic aorta abnormality                |   |
| <input type="checkbox"/> First degree relative with confirmed ARVC |   |

#### MRI

- (Non Medicare eligible)**
- Function and viability
- Hypertrophic cardiomyopathy
- Dilated cardiomyopathy
- Myocarditis or pericarditis (other causes)

\*Some clinics and procedures may require a gap payment.  
Any additional costs will be advised by the bookings team when placing an appointment.

### REFERRING PRACTITIONER

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Provider number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send copy to:

Thank you for referring your patient to Qscan Radiology Clinics

### MEDICAL HISTORY

- Prior myocardial infarct
- Prior coronary stent/angioplasty
- Coronary bypass graft
- Heart failure
- Currently on beta blockers/ anti-arrhythmics
- Currently taking ACE inhibitor
- Pacemaker
- Diabetes
- Renal impairment
- Myeloma

### PLEASE TICK FOR PRINTED IMAGES



Qscan Radiology Clinics is committed to sustainability. All images are available digitally only unless requested.

### IMAGES

- Online
- CD
- Return with patient
- Courier/Deliver

### REPORT

- Electronic download
- Fax

### MORE REFERRAL PADS

- A4 (computerised)
- A5 (manual)

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.

[qscan.com.au](http://qscan.com.au)