

Patient's Name _____ Date of Birth _____
Patient's Phone _____ Address _____
Referring MD _____ Phone _____ Fax _____
Height _____ Weight _____ Allergies to Contrast and/or Iodine _____
Insurance _____ HMO PPO Policy/Group # _____
Date of last BMP _____ Date of last EKG _____

A referral for a CTA **MUST** include a detailed progress note indicating the reason for the scan.
All CTAs ordered **MUST** have appropriate symptoms and diagnosis.
Please select from the attached diagnosis code(s).

Coronary Arteries

Pulmonary Arteries

Indications for Coronary Arteries, Chest and Heart CTA

- ___ 429.2 Assessment prior to urgent non-cardiac surgery.
- ___ 429.2 Evaluation for suspected cardiac or pericardial calcification or mass.
- ___ 794.03 Evaluation for equivocal, non-diagnostic or un-interpretable stress test.
- ___ 429.2 Assessment of coronary arterial or venous anatomy prior to vascular procedure, including coronary and pulmonary veins pre and post radio-frequency ablation for atrial fibrillation, and/or prior to biventricular pacing lead replacement
- ___ 786.51, 794.31 Evaluation for chest pain and abnormal electrocardiogram.
- ___ 441.01, 415.19 Assessment for suspected aortic dissection or pulmonary embolism.
- ___ 786.50, 414.01 Evaluation of symptoms of chest pain with known coronary artery disease.
- ___ 786.59, 747.21, 747.42, 746.85 Assessment of suspected congenital anomalies of the coronary circulation.
- ___ 786.50, 786.05, 414.02, 414.01 Evaluate the cause of chest pain or dyspnea in patient with prior bypass surgery or intracoronary artery stent placement.

Carotid Arteries

Peripheral Run-Off

Renal Arteries

Iliac Arteries

Abdominal Aorta and Branches

Thoracic Aorta and Branches

Indications for Peripheral, Carotid, Sub Clavian, Thoracic and Abdominal CTA

Abnormal Carotid Ultrasound with or without symptoms.

- ___ 793.2 Non-specific abnormal findings on radiological and other exam of body structure
- ___ 433.10 Occulsion and stenosis of precerebral arteries; carotid artery, without mention of cerebral infarction.
- ___ 433.30 Occulsion and stenosis of precerebral arteries; multiple and bilateral, without mention of cerebral infarction.

Abnormal blood pressure or symptoms

- ___ 401.1 Essential hypertension, malignant.

Abnormal screening study

- ___ 794.30 Non-specific abnormal results of function studies; cardiovascular, abnormal function study, unspecified.

History of Thoracic aneurysm

- ___ 441.2 Thoracic aortic aneurysm, without mention of rupture.

History of abdominal aortic aneurysm

- ___ 441.4 Abdominal aortic aneurysm without mention of rupture.
- ___ 441.9 Aortic aneurysm of unspecified site without mention of rupture.
- ___ 793.6 Non-specific abnormal findings on radiological and other exam of body structure, abdominal area, including retroperitoneum.

Bruits

- ___ 785.9 Symptoms involving cardiovascular system (bruit).
- ___ 557.1 Chronic vascular insufficiency of intestine.

Abnormal ABI

- ___ 443.9 Peripheral vascular disease, unspecified.
- ___ 440.21 Atherosclerosis of native arteries of the extremities; atherosclerosis of the extremities with intermittent claudication.

Calcium Score Insurance providers are not covering the cost of a calcium scoring exam. Therefore it remains the patient's responsibility to pay for this exam.

Referring MD Signature _____ Date _____



CT Angiography Patient Instructions

1-2 Weeks prior to your procedure:

- Kidney function blood test (BMP) needs to be done.
- If you have had an allergic reaction to Iodine or IV Contrast Agents, make us aware so proper preventative treatment can be arranged.
- View the CTA Power Point education presentation or review written education materials.
- **NO LEVITRA, CIALIS, OR VIAGRA 48 HOURS PRIOR TO THIS PROCEDURE**

Day prior to your procedure:

- **NO CAFFIENE 12 HOUR PRIOR TO YOUR PROCEDURE.** This includes coffee, tea, decaffeinated beverages, colas, herbal teas, chocolate, Excedrin and No-Doze.
- **NO ALCOHOL 24 HOURS PRIOR TO YOUR TEST.**
- If you take Glucophage (Metformin) for diabetes, do not take any the day of the procedure and for 48 hours after the test.
- Drink plenty of fluids the night before.
- If you are **already on** a Beta Blocker (Atenolol, Lopressor, Metoprolol, Coreg, Nadolol, Zebeta) take them as normal for you.
- If you are **not currently taking** a Beta Blocker, take Lopressor (Metoprolol) 50mg the evening before the test.
- If you **cannot take** Beta Blockers, take Diltiazem CD 180 mg the night before your procedure.
- **NO FOOD OR DRINK 4 HOURS PRIOR TO YOUR TEST** (except medications as described below).

WOMEN OF CHILD BEARING AGE NEED TO MAKE SURE THEY ARE NOT PREGNANT

Day of the procedure:

- **Prior to the procedure, take your medications according to your normal schedule with a small sip of water.**
- Take Metoprolol 50 mg the morning of the procedure. If you are **already taking** a Beta Blocker (Atenolol, Lopressor, Metoprolol, Coreg, Nadolol, Zebeta) take it as usual that morning.
- Please take your anti-hypertensive medications. Hold your diuretics (water pills).
- If you have diabetes, take 1/2 (half) of insulin injection the day of the test.
- Wear comfortable clothes. No metal necklaces. Women should not wear an underwire bra.

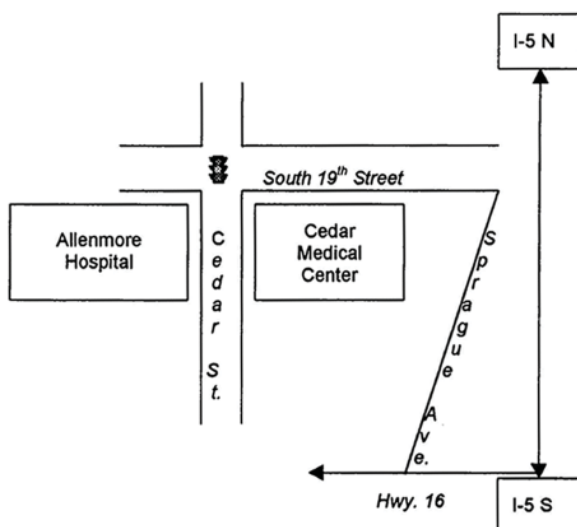
PLEASE ARRIVE 1/2 HOUR PRIOR TO YOUR SCHEDULED PROCEDURE.

After the procedure:

- Today drink 6-8 glasses of fluids to aid in clearing the dye used during the procedure.

CANCELLATIONS MUST BE CALLED IN AT LEAST ONE (1) DAY PRIOR TO YOUR PROCEDURE.

If you have any further questions, please call (253) 572-7320 and ask for Shama.



Directions to Cedar Medical Center

1901 South Cedar, Suite 301
Tacoma, WA 98405

•From I-5

Take the Gig Harbor/Bremerton Exit (Hwy 16)
Exit at Sprague Ave.
Turn left on 19th St.

Follow 19th St. west to the second light (Cedar St.)

Cedar Medical Center is on the left side of 19th St. just before the stop light.

•From Gig Harbor

Take Hwy 16 (east bound)

Take the Sprague Ave. exit

Follow the above directions