



AN ADVANCED APPROACH TO PREVENTATIVE CARDIOLOGY CARE

Report Preference: O Fax O Mail O Email

Name:
Phone:
Fax:
E-mail:
Ordering Physician:
X
Physician Signature

Date of Request:

Avanced Low Dose CT Order Poguisition Form

Patient:		Phone:					
Birth Date:	A	\ge:	_ O Male				
Pulse:	Weight:	CABG# o	of Vessels	Stent #	of Vessels	Creatinine:	Date:
Chief Complaint:			Diagnosis to be	ruled out:		Comments/Notes:	
□ Pro \$1	ced \$95 ity Study v  950: Core n and anal	50: Coro vith no ac onary Ca ysis (Cle	onary Calc dditional r Icium Sco	ium Scor adiation ( re, Coron	e, Coronary BMP and b ary CT ang	y CT Angiogram v eta blockers on s jiogram with cont	•
□ Al Plaque on top of a co				_	•	<b>ly)</b> : \$1000 (can b	oe ordered any time
	t of corona	ary artery					<b>gram</b> : Al-assisted e): \$750. (Order only



## **General Instructions for ALL CT imaging**

- Arrive 15 minutes prior to your appointment. Expect to be here at least one hour for your appointment.
- Hydrate 2 days prior to your appointment.
- Please eat a small meal prior to your appointment.
- Wear comfortable clothes. Avoid jewelry and clothing with metal buttons, grommets, or decorations.
- Take ALL your medications EXCEPT: Metformin or Metformin containing products.

## For Cardiac (heart scans) ONLY:

- No caffeine 12 hours prior to appointment. This includes coffee, tea, soda, chocolate, or decaffeinated beverages.
- No exercise for a minimum of 4 hours before your appointment time.
- DO NOT TAKE Viagra, Cialis, Tadalafil, or Adcirca 48 hours prior to your scheduled appointment.

ImageONE - Kearny Mesa

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