Cardiac Imaging Request Form

Gibraltar radiology

PATIENT DETAILS

Name: .....

DOB: .....

Phone: .....

EXAMINATION REQUESTED

- ☐ CT Coronary Angiogram & Calcium Score
- ☐ CT Coronary Angiogram
- ☐ CT Calcium Score (No rebate)
- ☐ Cardiac MRI

CT Coronary Angiogram

☐ **Medicare Eligible - 57360**

- ☐ The patient has symptoms consistent with coronary ischaemia, and is at low to intermediate risk of an acute coronary event including having no significant cardiac biomarker elevation and no ECG changes indicating acute ischaemia; **AND**
  - ☐ CAD on previous CTCA or is eligible for invasive coronary angiography (No time restriction)
  - ☐ No previous CTCA or no CAD on a previous CTCA (5 year time restriction)

☐ **Medicare Eligible - 57364** (No time restriction)

- ☐ Stable symptoms and newly recognised LV systolic dysfunction of unknown aetiology; **OR**
- ☐ Requires exclusion of coronary artery anomaly or fistula; **OR**
- ☐ Undergoing non-coronary cardiac surgery; **OR**
- ☐ Meets MBS criteria for invasive angiography to assess patency of bypass grafts

☐ **Non-Medicare Eligible** Patient does not meet any of the above critiera

Cardiac MRI

☐ **Medicare Eligible - 63397**

- ☐ Patient is asymptomatic and has one or more first degree relatives diagnosed with confirmed ARVC

☐ **Medicare Eligible - 63395**

- ☐ The patient presented with symptoms consistent with ARVC; **OR**
- ☐ Investigative findings in relation to the patient are consistent with ARVC

☐ **Medicare Eligible - 63390**

- ☐ Heart failure (<3 months) caused by suspected myocarditis otherwise requiring endomyocardial biopsy to diagnose; **OR**
- ☐ Unexplained arrythmia caused by suspected myocarditis otherwise requiring endomyocardial biopsy to diagnose; **OR**
- ☐ Suspected drug-induced myocarditis, with troponin, chest x-ray and echocardiogram inconclusive to form a diagnosis.

☐ **Medicare Eligible - 63385** Congenital disease of the heart of great vessels

☐ **Medicare Eligible - 63388** Tumour of the heart or great vessel

☐ **Medicare Eligible - 63391** Abnormality of the thoracic aorta

☐ **Non Medicare Eligible** Patient does not meet any of the above criteria

CLINICAL DETAILS

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REFERRER DETAILS

Name:

Provider Number:

Signature:

Copy To:

Phone:

Fax:

Date: