



Birthdate: \_\_\_\_\_

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

Reg no. \_\_\_\_\_

Visit #: \_\_\_\_\_

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Cardiac CT Request Form

Division of Cardiothoracic Radiology  
Department of Radiology  
University of Michigan Health System

### APPOINTMENT INFORMATION:

Date: \_\_\_\_\_ Appointment Day: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

### REASON(S) FOR CT SCAN – PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> <b>Symptomatic</b> Type: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Unknown Symptom: <input type="checkbox"/> Unstable angina <input type="checkbox"/> Typical Chest Pain <input type="checkbox"/> Atypical angina <input type="checkbox"/> Non-card chest pain <input type="checkbox"/> Other _____  <input type="checkbox"/> <b>Prior Stress Test (within 3 months):</b> Type: <input type="checkbox"/> Nuclear <input type="checkbox"/> ECHO <input type="checkbox"/> EKG  Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Equivocal <input type="checkbox"/> <b>Preoperative evaluation</b> Type: <input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> Respiratory <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Prior elevated calcium score <input type="checkbox"/> Presence of coronary risk factors <input type="checkbox"/> Known coronary artery disease <input type="checkbox"/> Stent patency <input type="checkbox"/> Bypass graft patency <input type="checkbox"/> Rule-out anomalous coronary arteries <input type="checkbox"/> Valvular Heart Disease (Mitral, Aortic) <input type="checkbox"/> Cardiac mass <input type="checkbox"/> Pericardial disease <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Patient request
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### LAB RESULTS (within the past 30 days) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ No labs within 30 days

*1. Creatinine: _____	2. Random Glucose: _____	3. BUN: _____
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Is the patient taking a beta-blocker?  Yes     No

Does the patient have any known contraindications to taking a beta-blocker?  Yes     No

Does the patient have any of the following conditions:

- asthma, emphysema, or COPD     active congestive heart failure     2<sup>nd</sup> or 3<sup>rd</sup> degree heart block  
 severe sinus bradycardia

Does the patient take Levitra (Cardenafil Hydrochloride), Viagra (Sildenafil Citrate) or Cialis (Tadalafil)?  Yes     No  
**If yes**, please give the following instructions: Levitra and Viagra should be held for 24 hours before AND after the exam, and Cialis should be held for 48 hours before AND after the exam.