THE QUEEN'S MEDICAL CENTER
1301 Punchbowl Street ● Honolulu, Hawaii 96813 ● Phone (808) 691-7171 ● Fax (808) 691-7007

Coronary CTA Referral Form

Scheduling Information

Do you authorize the use of FFR-CT and/or quantitative plaque analysis as medically indicated? ☐ Yes ☐ No

Patient Name (LAST, FIRST): _____ Medical record #: _____

Date of Birth: ____/____/____ Day Phone #: _____ Cell Phone #: _____

Primary Insurance: _____ Secondary Insurance: _____

Interpreter Requested: □ YES □ NO Language: _____ PSC: _____

PHYSICIAN REQUEST for CORONARY CTA SERVICES

EXAM DATE:_____ **Time:**_____ **(check in 1 hour prior for registration and prep)**

□ Coronary CTA With Calcium Score (CCTA49) □ Coronary CTA W/Out Calcium Score (CCTA48)

Special Clinical Considerations or Questions: _____

Clinical Indication(s) for Scan. Please select from the following indication(s):

□ ICD-10 code: R94.39 – Equivocal or Non-diagnostic stress test
□ ICD-10 code: I25.10 – Assessment of coronary arterial or venous anatomy to vascular procedure
□ ICD-10 code: R07.9 – Chest pain (unspecified) with intermediate-to-high Pre-test probability for CAD
□ ICD-10 codes: R07.9, R06.2, I25.810, I25.10 – As indicated for the following:
– Evaluate cause of chest pain in a patient with prior bypass surgery or stent placement
□ ICD-10 codes: R07.89, Q25.4, Q26.3, Q24.5 – Suspected congenital anomalies of coronary circulation
Other_____ ICD-10 Code_____

PERTINENT PATIENT MEDICAL HISTORY		
Height:	**Weight:**	**Consider another test if wt is ≥ 300 lbs.**
Recent BUN / CR / GFR (required) GFR should be > 45	BUN:_____ CR:_____ GFR:_____ Date:_____	☐ Ordered at:_____ **Fax results to CT Dept. at 808-691-7810**
Allergic to IV contrast, iodine	☐ No	☐ Yes → Pre-medicate
Dx of Diabetes taking Glucophage/Metformin	☐ No	☐ Yes → Stop Glucophage 48 hours prior

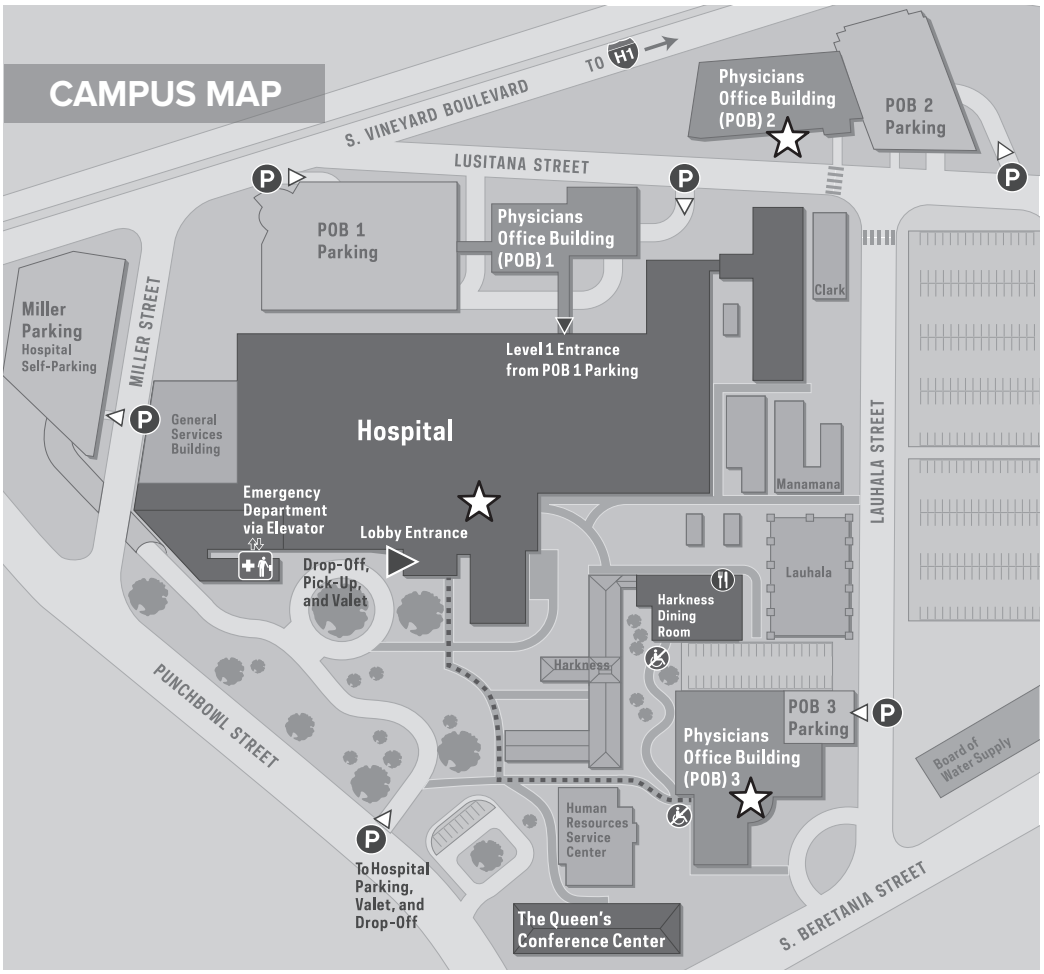
CARDIAC HISTORY	
History of Heart Disease? ☐ No	☐ Yes → Describe
Date of last ECG:_____ Is patient in normal sinus rhythm? ☐ No ☐ Yes	Resting heart rate:_____
Bypass Surgery (CABG) ☐ No	☐ Yes → Location
Prior angioplasty / Stent? ☐ No	☐ Yes → Location
Nuclear Medicine Heart Scans? ☐ No	☐ Yes → Describe if abnormal
Patient Prep: NPO 4 hours prior to exam, water ok No Viagra, Cialis or Levitra 36 hours prior to exam Beta Blockers as needed EKG free of A-fib	**Recommended Oral Beta Blockers:** 1. RHR ≥ 70 – Metoprolol tartrate 100 mg – one hour prior to exam 2. RHR 60-70 – Metoprolol tartrate 50 mg – one hour prior to exam 3. RHR ≤ 60 No Beta Blockers
CT Department Use Only	

Scheduled By_____ DATE: _____ TIME: _____

PHYSICIAN SIGNATURE PHYSICIAN NAME DATE/TIME

STREET ADDRESS PHONE NUMBER

Please sign and fax this form to 808-691-7007

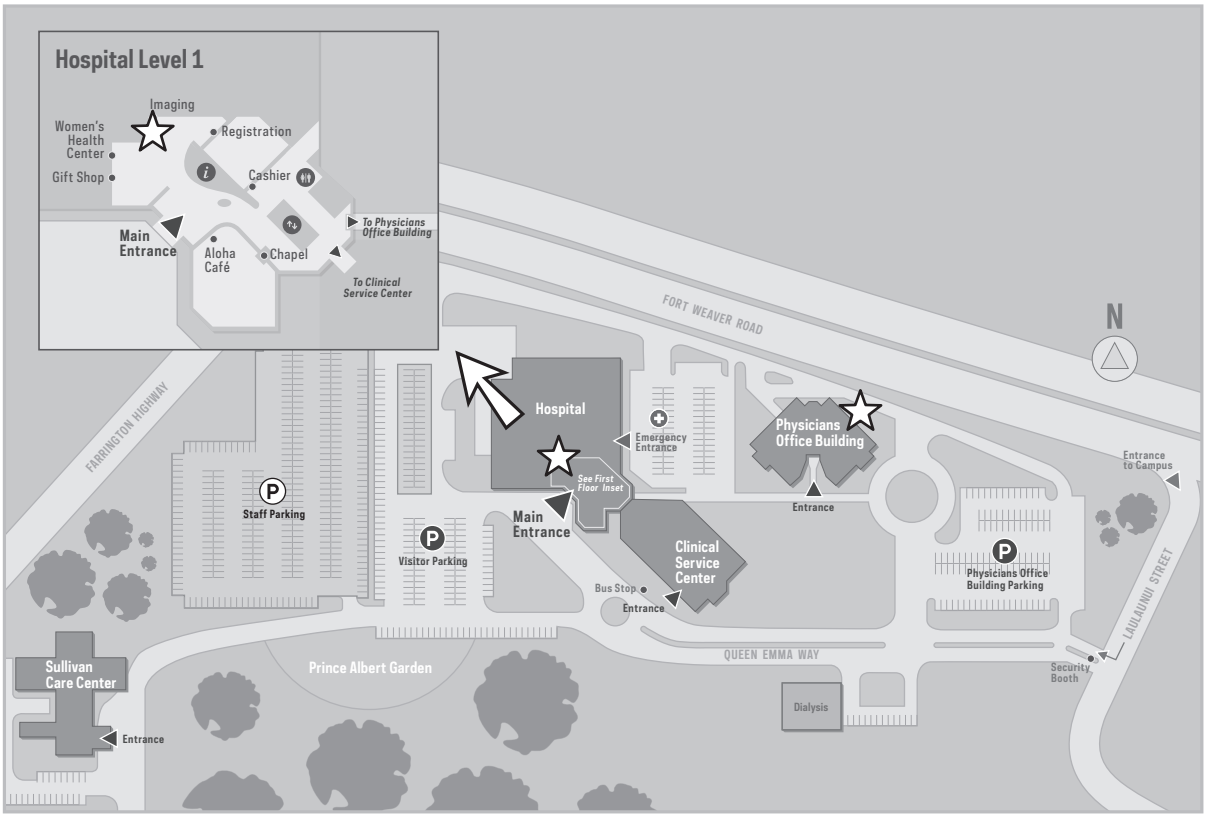


The Queen's Medical Center – Punchbowl

☆ **Physicians Office Building (POB) 2 – Basement Level**

☆ **Hospital – Level 1**

☆ **Physicians Office Building (POB) 3 – Basement Level**



The Queen's Medical Center – West O'ahu

☆ **Hospital – Level 1**

☆ **Physician's Office Building (POB) West – Level 1, Suite 108**