CARDIAC RADIOLOGY REFERRAL



PATIENT DETAILS

| Patient name: | Birth date: | | | |
|---|--|--|--|--|
| Address: | Phone/Email: | | | |
| EXAMINATION REQUESTED | | | | |
| CTCA (per MBS Item 57360) | Cardiac MRI (per MBS Item 63395) | | | |
| Patient has stable or acute symptoms consistent with coronary ischaemia; and the patient is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia (R) Time restriction and claiming guidance for item 57360 Benefits are not payable for item 57360 more than once in a 5 year period following a service to which itself or 57364 applies that detected no obstructive coronary artery disease unless the patient meets the eligibility criteria for selective invasive coronary angiography (items 38244, 38247, 38248 or 38249). The criteria for these items are set out in explanatory notes TR8.2 and TR8.3. | Scan of cardiovascular system for assessment of myocardial structure and function involving: (a) dedicated right ventricular views; and (b) 3D volumetric assessment of the right ventricle; and (c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values; if the request for the scan indicates that: (d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or (e) investigative findings in relation to the patient are consistent with ARVC | | | |
| The 5 year frequency restriction on the claiming of this item does not apply if obstructive coronary artery disease was detected as part of the previous service. | Cardiac MRI (per MBS Item 63399) | | | |
| The 5 year frequency restriction does not apply if no obstructive coronary disease was detected at the previous service AND the patient meets the criteria for item 38244, 38247, 38248 or 38249. Item 57360 can be claimed if the patient has known obstructive coronary disease. CTCA (per MBS Item 57364) Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 (item 38247), TR.8.2 (item 38249) or item 38252 if subclause (iv) applies. Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner, if: (a) the service is requested by a specialist or consultant physician; and (b) at least one of the following apply to the patient: (i) the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology; | Scan of cardiovascular system for the assessment of myocardial structure and function, if the service is requested by a consultant physician who has assessed the patient, and the request for the scan indicates: the patient has suspected myocarditis after receiving a mRNA COVID-19 vaccine; and the patient had symptom onset within 21 days of a mRNA COVID-19 vaccine administration; and the results from the following examinations are inconclusive to form a diagnosis of myocarditis: (i) echocardiogram; and (ii) troponin; and (iii) chest X-ray. Cardiac MRI (Non Medicare eligible) | | | |
| (ii) the patient requires exclusion of coronary artery anomaly or fistula; (iii) the patient will be undergoing non-coronary cardiac surgery; (iv) the patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts. CTCA (Non Medicare eligible) | | | | |

FURTHER CLINICAL DETAILS

Prof Rajeev Pathak Prov # 288375BB Canberra Heart Rhythm, Suite 14/2 Garran Pl, Garran, ACT 2605

Signature:

Date:

YOUR NEXT APPOINTMENT

| Date: | | |
|-----------|--|--|
| Time: | | |
| Location: | | |
| Other: | | |



OUR LOCATIONS



Braddon

11 Torrens Street Braddon ACT 2612 X-Ray • Ultrasound • CT • BMD Biopsy • Nuclear Medicine Cardiac CT p: (02) 6126 5070 f: (02) 6247 7192



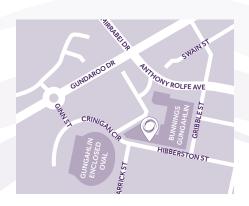
Calvary Public Hospital MRI

Level 2, Xavier Building Calvary Public Hospital Bruce ACT 2617 MRI • Biopsy p: (02) 6126 5050 f: (02) 6251 6624



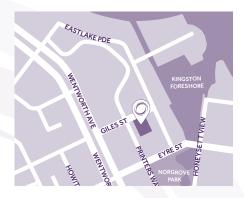
Canberra PET-CT

University of Canberra,
Corner Broula & Allawoona Street
Bruce ACT 2617
PET-CT
p: (02) 6126 5080
f: (02) 8322 4025
e: petcanberra@gscan.com.au



GungahlinBunnings Complex

5 Hibberson Street Gungahlin ACT 2912 X-Ray • Ultrasound • BMD • OPG CT • Biopsy p: (02) 6126 5090 f: (02) 6262 3329



Kingston

110 Giles Street
Kingston ACT 2604
X-Ray • Ultrasound
3D Mammography (Tomosynthesis)
CT• BMD • MRI • OPG • Biopsy
Cardiac MRI
p: (02) 6126 5010
f: (02) 6239 4242

BOMMAN ST LS III BINDALL'S T CHICAES

Macquarie

3 Jamison Centre
Macquarie ACT 2614
X-Ray • Ultrasound
3D Mammography (Tomosynthesis)
CT • Biopsy
p: (02) 6126 5020
f: (02) 8287 4740

For bookings & enquiries call (02) 6126 5000 or email act@qscan.com.au

All images are digitally archived for ten years and can be accessed by your doctor online anytime.

Your Doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your Doctor first.