

## CARDIAC FORM

<input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MS <input type="radio"/> MISS <input type="radio"/> DR	<b>SURNAME</b>	<b>FIRST NAME</b>
<b>ADDRESS</b>		DOB / /
		NHI #
<b>EMAIL</b>		ACC #
<b>PHONE (HOME)</b>	<b>PHONE (MOBILE)</b>	INSURER #



**REASON FOR INVESTIGATION:**

eGFR:

**PATIENT CORONARY ANGIOGRAM:** (it is the clinicians responsibility to screen for contradictions)

IS THE PATIENT TAKING:  Beta Blockers?  Calcium Blocker?

**DRUG AND DOSE** Prescribing Dr Signature \_\_\_\_\_

Metoprolol: in 50mg increments, up to a maximum dose of 150mg unless otherwise directed. See comments below for additional instructions.

GTN 1 spray 3/L prior to scan

Comment: \_\_\_\_\_

**PATIENT STATISTICS**

Weight \_\_\_\_\_

Height \_\_\_\_\_

Resting Heart Rate \_\_\_\_\_

**REGION OF INTEREST / PROCEDURE:**

**CLINICAL DETAILS**

**ALERTS**

**URGENCY**

Renal Impairment

eGFR \_\_\_\_\_

Contrast Allergy

Anticoagulants

Pacemaker

Neuro /Biostimulator

Other \_\_\_\_\_

**URGENT**

Routine

Other \_\_\_\_\_

**Is the Patient a Diabetic?**

Yes  No

**Is the Patient Pregnant?**

Yes  No  Unsure  N/A

**REFERRING PRACTITIONER**

NAME

POSITION

CONTACT DETAILS

NZMC #

SIGNED

DATE / /

PATIENT FOLLOW UP APPOINTMENT: DATE / /

I WOULD LIKE A COPY OF THE REPORT SENT TO:

As a consumer, you have the right to choose any Radiology provider for your imaging.

**1 LONDON STREET, HAMILTON CENTRAL, HAMILTON 3204**



**BY VEHICLE**, limited FREE patient parking is available at 1 London Street. Please use designated patient parking areas only

*Free Overflow Parking:* Secure Parking, 19 London Street (100m/2-min walk). Use designated Beyond Radiology car spaces only.

Hamilton Transport Centre (500m/5-10min walk away) is situated at the bottom left of map.



**ALL PATIENTS:** Please bring any previous relevant medical imaging with you to your appointment.



HAMILTON  
**CARDIAC REFERRAL**