

VALLEY DIAGNOSTIC
IMAGING SERVICES

Olympic Building

CORONARY CT ANGIOGRAPHY SUPPLEMENTAL ORDER

Preliminary information is required for all CCTA patients, in addition to submitting a general imaging request form with provider's signature. It is important to obtain the following information prior to the patient's scheduled exam time for protocoling of the study and to verify insurance coverage.

Patient Name: _____ **DOB:** _____

Referring Physician Name: _____

Indication (please check): The following **clinical scenarios** represent appropriate referrals for CCTA with contrast injections in patients who can tolerate 75-100 ml of iodinated contrast and beta blockers, and who manifest **normal sinus rhythm**:

- acute chest pain and intermediate risk factors but normal or borderline ECG's and cardiac biomarkers, where a negative CCTA will avoid invasive coronary angiography.
- equivocal or discordant or suspected inaccurate stress tests in patients with low/intermediate coronary risk when a negative CCTA will avoid the need for invasive coronary angiography.
- already scheduled for non-coronary cardiac surgery, who are unlikely to have coronary artery disease. These patients must be in sinus rhythm with a slow rate, or be able to tolerate beta blockers.
- suspected/known congenital anomalies of the coronary arteries to assess for surgical suitability.
- planning to undergo atrial fibrillation ablation in whom pulmonary venous and left atrial anatomy is necessary pre-procedure.
- dilated cardiomyopathy, strongly suspected to be non-ischemic and for whom a negative study will avoid cardiac catheterization. These patients must be on beta blockers and be able to tolerate incremental dosing.
- delineation of suspected intracardiac mass/thrombus where echocardiographic assessment has been inconclusive.
- niche requests can be approved on a case by case basis; delineation of coronary bypass grafts, pericardial abnormalities, intracardiac shunts, etc.
Niche Request: _____
- screening CCTA (insurance coverage unlikely, payment due day of procedure)

Elaborate on diagnosis: _____

Other Notes and Requests: _____

Please fax this form along with related chart notes to 425.656.5552.