EASTERN RADIOLOGISTS
DOCTORS PARK

#9 and # 10 Doctors Park, Greenville, NC 27834
Mon–Fri 7am–6pm
252.752.5000 | easternrad.com

Patient Name _____ DOB ___ /___ /___ Date ___ /___ /___ MRN _____

CORONARY CTA SCHEDULING SHEET

Please complete and fax to our office at least 24 hours prior to patients appointment

SSN: _____ Phone #: _____ Work #: _____

Address: _____

Referring Physician: _____

Insurance: _____

Authorization required? YES NO Auth #: _____

(Fax to Attn: Authorizations at 252.752.8941)

Cardiac exam: _____

Clinical information: _____

Can the patient hold breath for 15 seconds? YES NO

Is the patient on any of following:

Beta blocker	YES	NO	If so please list: _____
Nitroglycerin	YES	NO	

Does the patient have:

Arrythmias	YES	NO
Pacemaker/Defibrillator	YES	NO
Coronary Stent	YES	NO
Asthma	YES	NO

Does the patient have contraindications to:

Metoprolol	YES	NO	
Contrast/Iodine allergy	YES	NO	Premeds YES NO
Nitroglycerin	YES	NO	

PATIENT INSTRUCTIONS: CORONARY CTA

- Creatinine (please send results or order with patient to have drawn in our office)
- NPO x4 hours except water and medications
- No caffeine x12 hours
- No Viagra, Cialis or Levitra x48 hours
- Bring a driver
- Please have patient bring all medications

OFFICE USE ONLY

Radiologist Consulted _____ Technologist _____

Comments: _____

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