

Today's Date: _____
Time: _____



Michigan CardioVascular
Institute

1-877-725-MCVI (6284) ♥ (989) 754-3000

MCVI Office Use Only
Scheduled Appointment

Date: _____
Time: _____
Location: _____



CT IMAGING APPOINTMENT REQUEST FORM

Fax Testing Request Form & **Patient's Insurance Card** to (989) 754-3026
Office Location ~ 1015 S. Washington Avenue, Saginaw

Patient Information

Name: _____
Address: _____
DOB: _____
Phone #: _____ Alt. Phone #: _____
Best Time to Contact: _____
MCVI Office Use Only
Patient Information Packet Sent On: _____
Scheduler's Initials: _____

Referring Physician Information

Physician's Name: _____
Phone #: _____
Office Contact Name: _____
Fax #: _____
(completed testing appointment request will be faxed back to you)
Physician Signature: _____

Please check as many indications as apply for the appropriate test being requested.

***Also, please remember to specify if the test should be done with or without contrast.**

CT Angiography (Cardiac Study)

- Angina
- Chronic Ischemic Heart Disease
- Cardiomyopathy
- Atrial Fibrillation (with plans for ablation)
- Atrial Flutter
- Congestive Heart Failure
- Congenital Anomalies of the Heart
- Shortness of Breath
- Chest Pain
- Cardiovascular, Abnormal Function Study, Unspecified
- Other _____

CT ~ Upper Extremities OR **CT ~ Lower Extremities**

- with contrast without contrast with & without contrast
- Embolism/Thrombosis/Aneurysm
- Cellulites/Abscess
- Lymphedema
- Athropathy/Arthritis/Rheumatoid arthritis
- Other _____

CT ~ Abdomen/Pelvis

- with contrast without contrast with & without contrast
- Essential hypertension Edema/lymphedema/lymphadenitis
- Aortic disease-aneurysm/thrombosis- abdominal/thoracic
- Iliac artery disease GI disease- specify _____
- Renal artery disease Pancreatic/Adrenal disease
- Visceral/mesenteric artery disease
- Embolism/Thrombosis- arterial or venous
- Atherosclerosis
- Malignancy/mass/carcinoid/amyloiditis
- Osteoarthritis/rheumatoid arthritis/arthropathy
- Osteomyelitis
- Other _____

CT ~ Head/Neck

- with contrast without contrast with & without contrast
- Cerebrovascular disease Inflammatory CNS disease
- CVA Cephalgia/migraines
- TIA/ altered consciousness Vertigo/tinnitus/Meniere's
- Cerebral atherosclerosis Ear disease/mastoiditis
- Carotid artery disease Sinusitis
- Cerebral aneurysm Laryngeal disease
- Malignancy/metastasis Other _____

CT ~ Chest/Thorax

- with contrast without contrast with & without contrast
- Rheumatic heart disease Abnormal CXR/echo/thyroid scan
- Ischemic heart disease Chronic respiratory disease
- Congenital heart disease Pulmonary fibrosis
- Chest pain Emphysema/empyema
- Dyspnea/shortness of breath/cough Pleurisy
- Device implant complication Subclavian artery disease
- Mechanical valve complication Esophageal disease/hiatal hernia
- Malignancy/metastasis/mass/nodule/lymphadenopathy
- Other _____

Exclusions for CT Angiography

- COPD/Asthma & Unable To Take Beta Blockers
- Multiple Myeloma
- Renal Failure with creatinine > 2.0
- Pregnancy
- Single Kidney
- Weight >500 lbs. ~ Age<16

VERY IMPORTANT

Please forward BUN/Creatinine. If >30 days old, please provide patient with an order.

Does Patient Have a Contrast (Dye) Allergy? Yes or No

Please notify patient that additional prep is necessary if there is a contrast (dye) allergy.