



SAINT JOSEPH'S

Radiology Services

SAINT JOSEPH'S OUTPATIENT IMAGING CENTER
5671 Peachtree Dunwoody Road, Suite 100, Atlanta, GA 30342
PHONE: 678-843-6100 FAX: 678-843-6144

Appointment:

Date: _____ **Arrival time:** _____ **Confirmation** _____

Patient Name _____ SSN _____ DOB _____

Home # _____ Work # _____ Other # _____

Diagnosis: _____

Referring Physician: *(please print)* _____

Office Contact Person: _____ Telephone: _____ Date: _____

Insurance Co. _____ Ins Co. Phone # _____

Name of Insured _____ Date of Birth _____

Policy # _____ ID # _____ Group # _____

Reading Cardiologist: _____

I certify the need for these services furnished under the plan of treatment while under my care. I hereby appoint and authorize Saint Joseph's Hospital of Atlanta, Inc. to act as my agent for the limited purpose of requesting and obtaining pre-certification directly from managed care payors for the radiology procedures identified below.

Physician Signature: _____ **Date:** _____

CARDIAC CT: (64 SLICE CT)

- Calcium Screening Non-Contrasted Coronary CTA Contrast Chest CT Non-Contrast
- Chest CTA Contrast (Specify area of concern) _____

History (check all that apply):

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Coronary anomaly | <input type="checkbox"/> Coronary atherosclerosis | <input type="checkbox"/> Coronary Stents |
| <input type="checkbox"/> CABG | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cigarette Smoker | <input type="checkbox"/> Abnormal CRP/homocystine | |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Family History | <input type="checkbox"/> Other: _____ | |

* for patients receiving CT contrast, please send most recent BUN and Creatinine

CARDIAC MRI:

Indications:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cardiac mass | <input type="checkbox"/> Myocardial Viability | <input type="checkbox"/> Valvular Regurgitation |
| <input type="checkbox"/> Congenital abnormality | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Arrhythmogenic right ventricular dysplasia | |
| <input type="checkbox"/> Left ventricular function | <input type="checkbox"/> Pericardial Abnormalities | |

PERIPHERAL ANGIOGRAPHY

- | | | |
|-------------------|------------------------------|------------------------------|
| Carotid | <input type="checkbox"/> MRA | <input type="checkbox"/> CTA |
| Renal | <input type="checkbox"/> MRA | <input type="checkbox"/> CTA |
| Lower extremities | <input type="checkbox"/> MRA | <input type="checkbox"/> CTA |
| Aorta | <input type="checkbox"/> MRA | <input type="checkbox"/> CTA |
| Upper extremities | <input type="checkbox"/> MRA | <input type="checkbox"/> CTA |

Indications:

*For patients receiving CT contrast (CTA), please send most recent BUN and Creatinine

Please fax an H&P and a copy of the patient's insurance cards with this order to 678-843-6144

Physician Instructions for Cardiac CTA

It is recommended that the referring MD educate the patient on radiation exposure and IV contrast involved with the test. Please evaluate and address the following pre-test considerations:

- Renal function blood results from within one month are needed for every patient, if the patient is diabetic, they will need a basic metabolic profile also within one month.
- Diabetic patients taking Glucophage will need to hold this medication the day of the scan and for 48 hours after the procedure (they may continue all other meds).
- It is necessary for the patient to have a heart rate less than 65 for this exam, beta blockers are generally prescribed for this and instructions/prescriptions are provided by the referring MD or cardiologist.
- Patients who are allergic to shellfish, iodine and/or IV contrast will require pre-medication the night before and the morning of the test.

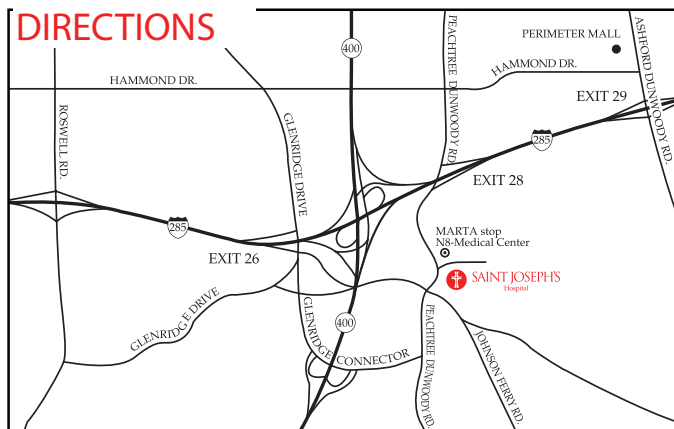
Patient Instructions for Cardiac CTA

- Be advised that you will be exposed to radiation and IV contrast medium, if you have questions regarding this test; please direct them to your referring physician.
- Please alert your referring physician if you are allergic to shellfish, iodine or IV contrast (IV dye) - you will need to receive medication by prescription the evening prior and the morning of the test to prevent an allergic reaction to the IV contrast.

Contraindications for Cardiac MRI

- Permanent Pacemaker/AICD
- Neurostimulation devices
- Aneurysmal clips (ferromagnetic clips)
- Insulin/ Diabetic pumps that cannot be removed for MRI

If you have any questions or concerns regarding contraindications for cardiac MRI, please contact the Saint Joseph's Hospital MRI department at (678) 851-5149.



From Roswell, Alpharetta, Cumming, Dahlonega

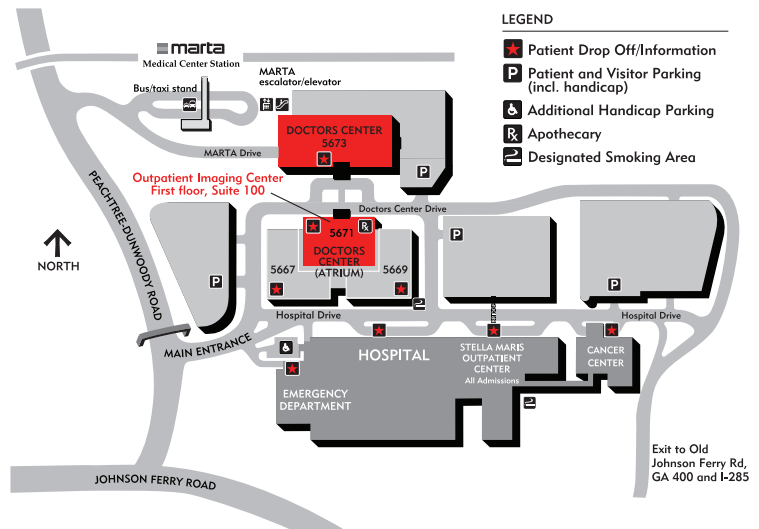
Take GA 400 South to exit 3 (Glenridge Connector) and turn right (Glenridge Rd.). Go the second light and turn left (Peachtree Dunwoody Rd.). Go through the next light (Johnson Ferry Rd.) and immediately enter the far right-hand lane. Turn right into the hospital campus. Saint Joseph's Outpatient Imaging Center will be in the 5671 nine-story doctors building across from the hospital.

From Birmingham and all points west of the hospital

Take I-20 East to I-285 North (past I-75 – I-285 will become East) and take exit 26 (Glenridge Connector). Turn right at the end of the ramp (Glenridge Rd.). Immediately enter the far left-hand lane. At the first light, turn left (Johnson Ferry Rd.). At the third light, turn left (Peachtree Dunwoody Rd.) and immediately enter the far right-hand lane. Turn right into the hospital campus.

From Augusta and all points east of the hospital

Take I-20 West to I-285 North (past I-85 – I-285 will become West). Got to Exit 28 (Peachtree Dunwoody Rd.) and turn left. At the third traffic light, just past the MARTA station, turn left into the hospital campus.



General Information 678-843-6100

◆ Outpatient Imaging Center

5671 Peachtree Dunwoody Road, N.E.
Suite 100
Atlanta, GA 30342

◆ Cardiac MRI

5665 Peachtree Dunwoody Road, N.E.
Stella Maris Building
Atlanta, GA 30342



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