

## ROSS HEART HOSPITAL CARDIOVASCULAR MR/CT SERVICES

Patient Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

- **Cardiovascular CT** (includes assessment of native coronary arteries, grafts, peripheral arteries, cardiac morphology and function)

Diagnoses / Clinical History \_\_\_\_\_  
\_\_\_\_\_

- Best image quality if HR  $\leq$ 60; Please rx metoprolol 100mg po x1 1 hr before exam if no contraindication
- Please let us know if the patient has bypass grafts Y / N
- Recent serum creatinine \_\_\_\_\_mg/dL, Date\_\_\_\_\_
- Contrast allergy Y / N
- Patient should be NPO for 3 hrs prior to exam, No caffeine for 12 hrs before exam

- **Cardiovascular MR** (can assess rest/stress myocardial perfusion, cardiac valve stenosis/regurgitation, heart muscle scar/fibrosis, central and peripheral blood vessels)

Diagnoses / Clinical History \_\_\_\_\_  
\_\_\_\_\_

- Resting Study only
- CMR with pharmacologic stress
- No Caffeine for previous 24 hours
- NPO for 3 hours prior to stress exam; OK to eat prior to resting study only
- Should bring a ride in case sedation needed

Please **Fax** completed form to **614-293-6230**. Any Questions? Please call 614-293-ROSS or contact Subha V. Raman, MD, at [Raman.1@osu.edu](mailto:Raman.1@osu.edu) or Pager 614 730-6864.

*Thank You for your referral!*