



CALCIUM SCORE HEART SCAN

Test schedule
Test date:
Test time:

Rakesh Shah, M.D. B.T. Turakhia, M.D. Snehal Patel, M.D. Jinesh Shah, M.D. Francis Uricchio, M.D.

Patient information			Contact information	
Last name	First name	MI	Address	
<hr/>			<hr/>	
Date of birth	Account no.	Home phone no.	Mobile phone no.	
<hr/>	<hr/>	<hr/>	<hr/>	

Medical information			
Sex:	<input type="checkbox"/> F <input type="checkbox"/> M	Height: <hr/>	Weight: <hr/> Race: <hr/>

Diagnosis:

☐ PCI (no. of stents:

) ☐ CABG (no. of vessels:

) ☐ MI (last event:

) ☐ PCM/ICD

☐ Diabetes ☐ Claustrophobia ☐ Asthma ☐ Emphysema ☐ COPD

LMP:

 ☐ bHCG ☐ Tubal ligation ☐ Post-menopause > 1 year ☐ Hysterectomy

Please read the following instructions carefully. You might be rescheduled if any of the following instructions are not met.

- ☐ AVOID **caffeine** containing products (coffee, tea, soda, chocolate, energy drinks, or some over the counter medications) for 4 hours prior to testing.
- ☐ AVOID **smoking** for 4 hours prior to testing.
- ☐ AVOID **eating or drinking** anything except water for 4 hours prior to testing.
- ☐ Arrive **15 minutes early** for your appointment time.
- ☐ Wear comfortable clothing. Remove any metal objects, such as jewelry or piercings. Women will be asked to remove bras containing metal underwire.
- ☐ Inform your physician or the staff if you are claustrophobic or have a problem staying in restricted environments for any length of time.
- ☐ Inform the physician or the staff if you are or think you might be pregnant.

I hereby acknowledge that the instructions and procedures pertinent to this study were explained thoroughly, I had time to ask questions, and these questions were addressed satisfactorily.

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Tel no.:						
Fax no.:						
Patient's print name	Patient's signature					
<hr/>	<hr/>					
Prescriber's print name	Prescriber's signature					