



Virginia Cardiovascular Specialists

CT Angiography Physician Order

Patient Name _____		Test scheduled for
ID# _____ #DOB _____		Date ___/___/___
		Time _____ am / pm
Order CT Angiography		Indication for Test
<input type="checkbox"/>	75574	Heart & Coronary Arteries – CTA low dose with FFR
<input type="checkbox"/>	0501T	
<input type="checkbox"/>	75574	Heart & Coronary Arteries-FULL STUDY with FFR
<input type="checkbox"/>	0501T	
<input type="checkbox"/>	70498	Carotid (neck)
<input type="checkbox"/>	71275	Thoracic Aorta / Chest with FFR
<input type="checkbox"/>	0501T	
<input type="checkbox"/>	74175	Abdomen (incl. AAA, Mesenteric, Celiac, Hepatic and Renal Arteries)
<input type="checkbox"/>	75635	Abdominal Aorta w/Bilateral Lower Extremities (incl. Iliacs)
<input type="checkbox"/>	75572	Heart (EP mapping) with FFR
<input type="checkbox"/>	0501T	
<input type="checkbox"/>	71275+74175	TAVR- Chest and Abdomen

BMP Date Ordered _____

BHCG qualitative

Patient declines FFR

Insurance denied FFR

Known medication allergies _____

Contract Patient- no FFR

Beta Blocker for Heart (HR is >65 bpm) **and Thoracic scans** (HR is >70 bpm)

Metoprolol 50 mg night before and 1 hour before test yes no n/a

Bystolic 10 mg night before and 1 hour before test yes no n/a

Allergic to Iodine

Prednisone 60 mg night before and 1 hour before test yes no n/a

Benadryl 25 mg morning of test yes no n/a

Pepcid 20 mg morning of test yes no n/a

OR Zantac75/Tagamet200 1 tablet morning of test

___ Labs received ___ Order Scanned

___ Auth obtained

Ordering Physician Signature

Scheduler Name

Date