CSANT

CT Imaging Center

PATIENT ORDER FORM

For Appointments, Call 214-473-2805 • FAX THIS FORM TO 214-473-2828

APPOINTMENT PRIORITY:
❑ Today ❑ 24 – 48 Hours ❑ Within 1 Week ❑ 1st Available

Patient's Full Name:	Date of Request:
Patient's Home Phone:	Patient's Cell Phone:

Non-Contrast Procedures

	CT Head	Indication
	CT Neck	Indication
	CT Chest	Indication
	CT Abdomen	Indication
	CT Pelvis	Indication
	Calcium Score	Indication
	CT Sinus	Indication
	CT Cervical, Thoracic, Lumbar	Indication
	CT Extremity (indicate which body part; i.e. hand, knee, etc.)	Indication
	High Resolution CT of chest (Hi Res)	Indication
	Other	Indication

Contrast Procedures

	CTA Coronary	Indication
	CT Head	Indication
	CT Chest	Indication
	CT Neck	Indication
	CT Abdomen	Indication
	CT Abdomen Pelvis	Indication
	CT Run-off Study (Peripheral Angio)	Indication
	CTA Head	Indication
	CTA Chest	Indication
	CTA Carotid Angio / Neck	Indication
	CTA Abdomen	Indication
	CTA Abdomen/Pelvis	Indication
	Renal Artery Angio	Indication
	Other	Indication

IMPORTANT: Please provide the following information when scheduling CONTRAST procedures:
Medical history, Recent BUN Creatinine lab values, Estimated GFR if DM, HTN, or CRI.

Allergies to contrast or Shellfishfi ❑ Yes ❑ No

Is patient diabeticfi ❑ Yes ❑ No If Yes, medicationfi ❑ Glucovance ❑ Glucophage ❑ Metformin

Renal insufficiencyfi ❑ Yes ❑ No If Yes, current creatinine _____ Date _____
(not more than 10 days old)

Suspected lesionfi _____ Check Present ❑ LIMA ❑ RIMA Post CABG Patency no. of vessels _____

Ordering Physician Information

Printed Name: _____ Signature: _____

Phone Number: _____ Fax Number: _____

Note: All studies should be pre-certed before scheduling an appointment. Pre-cert required? ❑ Yes ❑ No Pre-cert # _____

Primary ❑ Yes ❑ No Secondary ❑ Yes ❑ No

CSANT CT Imaging Center • 4708 Alliance Blvd., Suite 790 • Plano, TX 75093

This form can be downloaded and printed from our web site at www.dallasheartgroup.com