InteCardia
A Prevention Service of
Virginia Cardiovascular Specialists

CT Angiography Physician Order

Patient Name _____ ID# _____			Test scheduled for Date ___ / ___ / ___ Time _____ am / pm
Order CT Angiography			**Indication for Test**
❑	75574	Heart & Coronary Arteries – CTA low dose	
❑	70498	Carotid (neck)	
❑	71275	Thoracic Aortic Aneurysm / Chest	
❑	74175	Abdomen (incl. AAA, Mesenteric, Celiac, Hepatic and Renal Arteries)	
❑	75635	Abdominal Aorta w/Bilateral Lower Extremities (incl. Iliacs)	
❑	75572	Heart (EP mapping)	
❑	Other		

Please order ❑ BMP ❑ BHCG qualitative

Check all that apply

❑ Allergic to Iodine	❑ Asthma	❑ Pacemaker
❑ DM	❑ Migraine headaches	❑ Cath
❑ HTN	❑ Renal failure	❑ Stent
❑ Known Arrhythmia		❑ CABG

Known medication allergies _____

Medications

Beta Blockers approved for patient (Heart and Thoracic scans)		❑ yes	❑ no	
Metoprolol	50 mg night before and 1 hour before test	❑ yes	❑ no	❑ n/a
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			

Ordering Physician Signature **Date**

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