CARDIAC IMAGING REQUEST FO	RM (Tick test and eligible MRS criteria)	MYOCARDIAL PERFUSION SCAN
ECHOCARDIOGRAM	ECHOCARDIOGRAM	Myocardial Perfusion Scan (Rest/Stress)
■ Echocardiogram (Once in 24 months) Suspected or known: □ LV/RV DYSFUNCTION, LVH OR CCF □ VALVULAR DYSFUNCTION □ PULMONARY HYPERTENSION □ AORTIC, PERICARDIAL OR THROMBOEMBOLIC DISEASE EXERCISE STRESS ECHOCARDIOGRAM ■ Exercise Stress Echo (Once in 24 months) □ CHEST PAIN/DISCOMFORT □ SUSPECTED SILENT ISCHAEMIA □ ATYPICAL & TYPICAL ANGINA □ KNOWN CAD + SYMPTOM OF IHD □ SYMPTOMS PRECIPITATED WITH EXERTION □ ECG CHANGES CONSISTENT WITH CAD/ISCHAEMIA □ PREOPERATIVE ASSESSMENT REQUIRES PATIENT TO HAVE ONE OF IHD, HEART FAILURE, STROKE/TIA, RENAL DYSFUNCTION OR IDDM □ CT FINDINGS OF UNCERTAIN FUNCTIONAL SIGNIFICANCE	Serial Echo – Pericardial or Cardiotoxic Medications (Nil time restriction) Serial Echo – Valvular *Specialist Only (Nil time restriction) Serial Echo – CCF/Structural *Specialist Only (Nil time restriction) Serial Echo – Other Rare *Specialist Only (Nil time restriction)	(Once in 24 months) SYMPTOMS OF IHD AND PATIENT OF BATHURST, DUBBO OR ORANGE (Only symptoms of cardiac ischaemia required) HAD A FAILED STRESS ECHO NOT SUITABLE FOR EXERCISE OR STRESS ECHO UNDUE EXERTIONAL DYSPNOEA *Specialist Only PREOPERATIVE ASSESSMENT REQUIRES PATIENT TO HAVE ONE OF IHD, HEART FAILURE, STROKE/TIA, RENAL DYSFUNCTION OR IDDM
	MONITORS	Repeat Myocardial Perfusion Scan (Rest/Stress)
	Holter Monitor (Once in 4 weeks) PALPITATIONS OCCURRING > 1/WEEK PRESYNCOPE SUSPECTED OR KNOWN TIA/STROKE SUSPECTED ASYMPTOMATIC ARRHYTHMIA	*Specialist Only (Once in 12 months) CABG OR STENT IN PAST 24MTHS + SYMPTOMS OF IHD AND ONE OF THE FOLLOWING: UNDUE EXERTIONAL DYSPNOEA NOT SUITABLE FOR EXERCISE OR STRESS ECHO HAD A FAILED STRESS ECHO
Repeat Exercise Stress Echo *Specialist Only (Once in 12 months) EVOLVING SYMPTOMS OF SUSPECTED IHD	OCCURRING > 1/WEEK SURVEILLANCE FOLLOWING CARDIAC	Myocardial Perfusion Scan (Rest/Stress) + Ca Score (Bulk Billed) *Must meet MPS Criteria above
Echocardiogram plus Stress Echo (Bulk Billed) (Once in 12 months)	24hr Blood Pressure Monitor (Non-MBS item, nil restrictions)	Rest Thallium Scan *Specialist Only (Once in 24 months) KNOWN CAD AND LV SYSTOLIC DYSFUNCTION
*Must meet eligible criteria for both echo & stress echo items EXERCISE STRESS ECG	CARDIAC CT	
Exercise Stress ECG (Once in 24 months incl. Stress Echo and MPS) SYMPTOMS CONSISTENT WITH IHD OTHER CARDIAC DISEASE EXACERBATED WITH EXERTION (INCL. ARRHYTHMIA) SUSPECTED HERITABLE ARRHYTHMIA	CT Coronary Angiogram *Specialist Only STABLE SYMPTOMS CONSISTENT WITH CORONAL AND WOULD HAVE BEEN CONSIDERED FOR COR EXCLUSION OF CORONARY ARTERY ANOMALY UNDERGOING NON CORONARY CARDIAC SURGERY Coronary Calcium Score (Non-MBS item, nil res	RONARY ANGÍOGRAPHY OR FISTULA
Patient Name:		
Date of Birth:		
Area to be examined:		
Clinical Notes:		
If patient requiring IV contrast, recent Crea	tinine level/eGFR:	
Signature:	Date:	☐ Workers Comp
PLEA	ASE BRING PREVIOUS FILMS FOR COMPAR	ISON
eport: To Patient Fax Phone	□ CC Dr	More Request Forms

ILLAWARRA

SHELLHARBOUR

56 Wattle Road Flinders NSW 2529 T 4297 3332 | F 4297 3373

WOLLONGONG

34 Kenny Street Wollongong NSW 2500 T 4226 9711 | F 4226 9722

CENTRAL WEST

BATHURST

117 Bentinck Street Bathurst NSW 2795 T 6331 3200 | F 6331 3099

DUBBO

47-59 Wingewarra Street Dubbo NSW 2830 T 6882 4888 | F 6882 3688

ORANGE

Entry via Sale Street car park 131-135 Summer Street Orange NSW 2800 T 6376 9000 | F 6361 9461

HUNTER

ADAMSTOWN

156 Brunker Road Adamstown NSW 2289 T 4940 8599 | F 4081 2846

CHARLESTOWN

95 Pacific Highway Charlestown NSW 2290 T 4920 8555 | F 4081 2847

MAITLAND

262 High Street Maitland NSW 2320 T 4004 5500 | F 4013 6216

CENTRAL COAST

167 The Entrance Road Erina NSW 2250 T 4367 7100 | F 4367 7199

GOSFORD

43 William Street Gosford NSW 2250 T 4331 7050 | F 4322 8483

NORTH GOSFORD

Gosford Private Hospital Jarrett Street North Gosford NSW 2250 T 4324 0006 | F 9167 9031

TOUKLEY

54 Victoria Avenue Toukley NSW 2263 T 4397 1791 | F 4397 2861

TUGGERAH

154-156 Pacific Highway Tuggerah NSW 2259 T 4355 4790 | F 4355 4789

WOY WOY

12-14 Blackwall Road Woy Woy NSW 2256 T 4341 3500 | F 4341 3522

Your Doctor has recommended you use PRP Diagnostic Imaging. You may choose another provider but please discuss with your Doctor first



(N)

castlehill@prpimaging.com.au

MON to FRI 8AM – 5PM | SAT 8.30AM – 12PM

EASTWOOD & 247 EASTWOOD

eastwood@prpimaging.com.au

HORNSBY

MON to FRI 8AM – 5PM | SAT 8AM – 12PM

N

ENTRY

MON to FRI 8AM – 5PM | SAT 8.30AM – 12PM

cumberland@prpimaging.com.au

FRENCHS FOREST

frenchsforest@prpimaging.com.au

MON to FRI 8AM – 5PM

monavale @prpimaging.com. au

ONA VALE
ST OFFICE

MONA VALE

(N)-



WESTMEAD HOSPITAL



deewhy@prpimaging.com.au

MON to FRI 8AM – 5PM | SAT 8AM – 11.30AM

GORDON



gordon@prpimaging.com.au

MOORE PARK



mooreparkadmin@prpimaging.com.au

MON to FRI 8AM – 5PM

NORWEST

hornsby@prpimaging.com.au



MON to FRI 8AM – 5PM | SAT 8AM – 12PM

norwest@prpimaging.com.au

MON to FRI 8AM – 5.30PM | SAT 8AM - 12PM

WESTMEAD Hawkesbury Road d NSW 2145

MON to FRI 8AM – 5PM | SAT 8AM – 11.30AM

westmead@prpimaging.com.au

MON to FRI 8AM – 5PM

SCAN THIS QR CODE TO REQUEST AN APPOINTMENT ONLINE



YOUR APPOINTMENT DETAILS

Time:	Date:
Preparation:	