



**CARDIAC IMAGING REQUEST FORM** *(Tick test and eligible MBS criteria)*

**MYOCARDIAL PERFUSION SCAN**

**ECHOCARDIOGRAM**

- 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

- Repeat Exercise Stress Echo** *\*Specialist Only (Once in 12 months)*
  - EVOLVING SYMPTOMS OF SUSPECTED IHD

- Echocardiogram plus Stress Echo** *(Bulk Billed) (Once in 12 months)*  
*\*Must meet eligible criteria for both echo and stress echo items*

**EXERCISE STRESS ECG**

- 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

**ECHOCARDIOGRAM**

- 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)*

**ECG**

- ECG – Report & Trace** *(Once in 24 hours, nil restrictions)*

**MONITORS**

- Holter Monitor** *(Once in 4 weeks)*
  - PALPITATIONS OCCURRING > 1/WEEK
  - PRESYNCOPE OR SYNCOPE
  - SUSPECTED OR KNOWN TIA/STROKE
  - SUSPECTED ASYMPTOMATIC ARRHYTHMIA OCCURRING > 1/WEEK
  - SURVEILLANCE FOLLOWING CARDIAC SURGICAL PROCEDURE

- Event Monitor** *(Once in 3 months)*
  - PALPITATIONS
  - INFREQUENT SYMPTOMS OF SUSPECTED RHYTHM DISTURBANCE
  - SYNCOPE

- 24hr Blood Pressure Monitor** *(Non-MBS item, nil restrictions)*

- Myocardial Perfusion Scan (Rest/Stress)** *(Once in 24 months)*

- SYMPTOMS OF IHD AND
  - 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

- Repeat Myocardial Perfusion Scan (Rest/Stress) \*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

- Myocardial Perfusion Scan (Rest/Stress) + Ca Score (Bulk Billed)** *\*Must meet MPS Criteria above*

- Rest Thallium Scan \*Specialist Only** *(Once in 24 months)*
  - KNOWN CAD AND LV SYSTOLIC DYSFUNCTION

**CARDIAC CT**

- CT Coronary Angiogram \*Specialist Only**
  - STABLE SYMPTOMS CONSISTENT WITH CORONARY ISCHAEMIA, LOW-INTERMEDIATE RISK OF CAD AND WOULD HAVE BEEN CONSIDERED FOR CORONARY ANGIOGRAPHY
  - EXCLUSION OF CORONARY ARTERY ANOMALY OR FISTULA
  - UNDERGOING NON CORONARY CARDIAC SURGERY
- Coronary Calcium Score** *(Non-MBS item, nil restrictions)*

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Area to be examined: \_\_\_\_\_

Clinical Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If patient requiring IV contrast, recent Creatinine level/eGFR: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Workers Comp

**PLEASE BRING PREVIOUS FILMS FOR COMPARISON**

Report:  To Patient  Fax  Phone \_\_\_\_\_  CC  Dr \_\_\_\_\_  More Request Forms

CENTRAL COAST CENTRAL COAST CENTRAL COAST CENTRAL COAST CENTRAL COAST

Dr Uday Ahluwalia  
 Dr Kushlan Aluwihare  
 Dr Graeme Goldin  
 Dr Saurabh Khandelwal  
 Dr Sean Khoury  
 Dr Michael Lannan  
 Dr Gordon Melville  
 Dr Shane Morony

Dr Fred Nasser  
 Dr James Rogers  
 Dr Grace Tai  
 Dr Tung Vu  
 Dr John Woods  
 and partners

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

SCAN THIS  
 QR CODE TO  
 REQUEST AN  
 APPOINTMENT  
 ONLINE



## YOUR APPOINTMENT DETAILS

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Preparation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRACTICE LOCATIONS

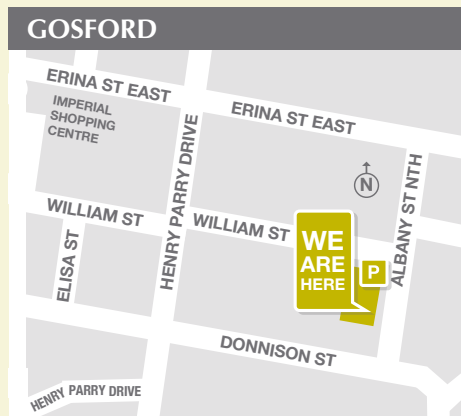


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MON to FRI 8AM – 5PM

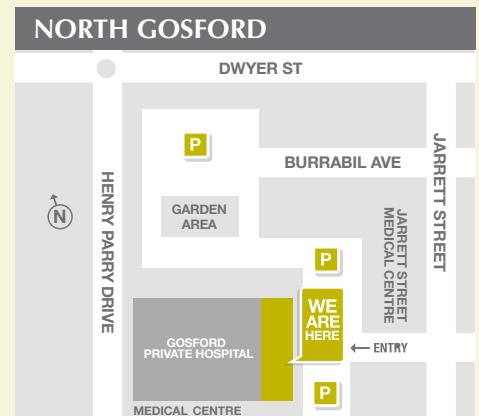


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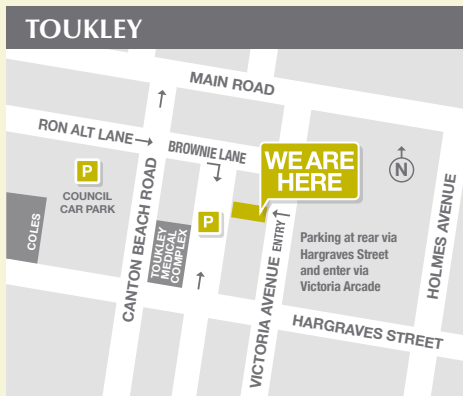


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