

DR DAVID SEATON

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PATIENT INFORMATION

NAME: _____

Date of Birth: _____ Medicare No: _____

Address: _____

Suburb: _____ Post Code: _____ Phone Number: _____

EXAMINATION REQUESTED *(Medicare Eligible items are bulk billed)*

Myocardial Perfusion Scan *(For Medicare eligibility please complete Part A and Part B. Item restricted to once in a 2year period. See QNI Quick Reference Guide for MPS for exceptions)*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Lung V/Q scans | <input type="checkbox"/> Gated heart Pool Scan | <input type="checkbox"/> Thyroid Scan | <input type="checkbox"/> Parathyroid Scan |
| <input type="checkbox"/> Bone Scan | <input type="checkbox"/> Amyloid Bone Scan | <input type="checkbox"/> Mag 3 Renal Scan | <input type="checkbox"/> DMSA Renal Scan |
| <input type="checkbox"/> Gastric Emptying Study | <input type="checkbox"/> Meckel's Scan | <input type="checkbox"/> HIDA (Biliary) Scan | <input type="checkbox"/> Exercise Stress Test |

Echocardiograms *(restricted to once in a 2year period for screening. (See QNI Quick Reference Guide for Echocardiograms for exceptions)*

- | | |
|--|--|
| <input type="checkbox"/> Initial Comprehensive TTE 55126 | <input type="checkbox"/> Specialist Only - Valvular dysfunction 55127 |
| <input type="checkbox"/> Pericardial effusion, pericarditis or cardiotoxic 55133 | <input type="checkbox"/> Specialist Only - Heart failure, structural heart 55129 |
| <input type="checkbox"/> Other 55134 (please specify): _____ | |

PART A. MEDICARE ELIGIBILITY REQUIREMENT FOR MYOCARDIAL PERFUSION SCAN

The patient has symptoms of cardiac ischaemia where at least one of the following applies:

- the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or
- the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or
- the patient has had a failed stress echocardiography provided under a service to which item 55141, 55143, 55145 or 55146 applies; or
- the patient has had an assessment of undue exertional dyspnoea of uncertain aetiology *(specialist or consultant physicians only)*
- the patient has had previous MPS in the last 2years, has been revascularized and has evolving symptoms *(specialist or consultant Physicians only – once in a 12month period)*

Part B. CLINICAL INDICATIONS *(PTO FOR MYOCARDIAL PERFUSION SCAN GUIDELINES)*

REFERRING DOCTORS DETAILS

Referring Clinician: _____ Provider No: _____ Date: _____

Address: _____ Signature: _____

PLEASE
FAX: 07 31394577 or EMAIL: admin@qldni.com.au
REFERRAL TO QNI FOR MEDICARE ELIGIBILITY ASSESSMENT PRIOR TO APPOINTMENT

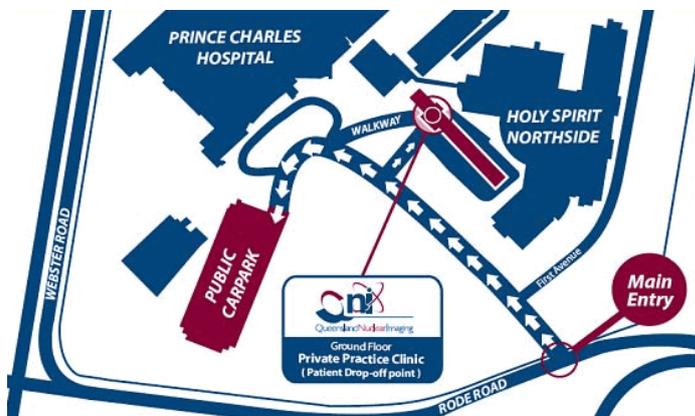
CLINICAL INDICATIONS FOR MEDICARE ELIGIBLE MYOCARDIAL PERFUSION SCANS (PART B.)

The request for service must identify one or more of the following;

3(a) if the patient displays one or more of the following symptoms of typical or atypical angina:

- (i) constricting discomfort in the:
 - a. front of the chest; or
 - b. neck; or
 - c. shoulders; or
 - d. jaw; or
 - e. arms; or
 - (ii) the patient's symptoms, as described in subparagraph (3)(a)(i), are precipitated by physical exertion; or
 - (iii) the patient's symptoms, as described in subparagraph (3)(a)(i), are relieved by rest or glyceryl trinitrate within 5 minutes or less;
- (b) if the patient has known coronary artery disease, and displays one or more symptoms that are suggestive of ischaemia:
- (i) which are not adequately controlled with medical therapy; or
 - (ii) which have evolved since the last functional study; or
- (c) if the patient qualifies for one or more of the following indications:
- (i) assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
 - (ii) coronary artery disease related lesions, of uncertain functional significance, which have previously been identified on computed tomography coronary angiography or invasive coronary angiography; or
 - (iii) an assessment by a specialist or consultant physician indicates that the patient has possible painless myocardial ischaemia, which includes undue exertional dyspnoea of uncertain aetiology; or
 - (iv) a pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents, confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
 - a. ischaemic heart disease or previous myocardial infarction; or
 - b. heart failure; or
 - c. stroke or transient ischaemic attack; or
 - d. renal dysfunction (serum creatinine greater than 70umol/L or 2 mg/dL or a creatinine clearance of <60 mL/min); or
 - e. diabetes mellitus requiring insulin therapy; or
 - (v) quantification of extent and severity of myocardial ischaemia, before either percutaneous coronary intervention or coronary bypass surgery, to ensure the criteria for intervention are met; or
 - (vi) assessment of relative amounts of ischaemic viable myocardium and non-viable (infarcted) myocardium, in patients with previous myocardial infarction; or
 - (vii) assessment of myocardial ischaemia with exercise is required, if a patient with congenital heart lesions has undergone surgery and reversal of ischemia is considered possible; or
 - (viii) assessment of myocardial perfusion in a person who is under 17 years old with coronary anomalies, before and after cardiac surgery for congenital heart disease, or where there is a probable or confirmed coronary artery abnormality; or
 - (ix) for patients where myocardial perfusion abnormality is suspected but due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

CLINIC LOCATION



PATIENT PREPARATION

- Myocardial Perfusion scan.
 No caffeine (tea, coffee, coke, chocolate, milo) for 24hrs before test.
 Fast for 4 hours before the test.
- Gastric Empty
 Fast from midnight on the day of the test. Some medications can interfere with the study and may need to be ceased. Please call QNI.
- HIDA (Biliary Scan)
 Fast for 4 hours before the scan
- Meckel's Scan
 Fast for 4 hours before the scan
- Thyroid Scan
 Some medications can interfere with the study and may need to be ceased. Please contact QNI for instructions.

Your doctor has recommended that you use QNI. You may choose another provider but please discuss this with your doctor first.