



**CT IMAGING**  
**NORTH TEXAS HEART CENTER**  
**ORDER FORM**

CARRELL CLINIC CENTER, SUITE 220  
 9301 NORTH CENTRAL EXPRESSWAY  
 DALLAS, TEXAS 75231

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT CONTACT NUMBER: \_\_\_\_\_ DATE ORDERED: \_\_\_\_\_

ORDERING MD: \_\_\_\_\_ REFERRING MD: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD9 CODE: \_\_\_\_\_ EF (if known) \_\_\_\_\_

CLINICAL QUESTION/PERTINENT INFO: \_\_\_\_\_

**CARDIAC CT (GATED)**

- |   |  |
|---|--|
| <input type="checkbox"/> CORONARY ARTERIES/CARDIAC CT | <input type="checkbox"/> CABG/ YES OR NO( IF YES, SUPPLY INFO) |
| <input type="checkbox"/> CALCIUM SCORE ONLY           | <input type="checkbox"/> FULL CHEST                            |

**VASCULAR CT (NOT GATED)**

- AORTA AND BILATERAL LOWER EXT RUNOFF
- AORTA (  CHEST  ABD  PELVIS)
- AAA (ABD/PELVIS ONLY)
- ABD AORTA WITH RENAL ARTERIES
- THORACIC ANEURYSM (PRE-OP: CHEST/ABD/PELVIS)
- THORACIC ANEURYSM (POST-OP-CHEST ONLY)
- ENDOGRAFT FOLLOW-UP (ABD/PELVIS ONLY)
  
- CAROTID ARTERIES
- TO INCLUDE (CIRCLE OF WILLIS)
  
- UPPER EXTREMITY CTA     LEFT  RIGHT
- LOWER EXTREMITY CTA     LEFT  RIGHT
- SUBCLAVIAN ARTERY CTA     LEFT  RIGHT
- SUBCLAVIAN VEIN CTA         LEFT  RIGHT
- VENA CAVA (  CHEST  ABD  PELVIS)

**NEURO/BODY CT**

- HEAD CT
  
- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
  
- SOFT TISSUE NECK
  
- SINUSES
- INT AUD CANALS (IAC)
  
- CHEST
- ABDOMEN
- PELVIS
- OTHER: \_\_\_\_\_

PHYSICIAN SIGNATURE FOR ORDER: \_\_\_\_\_ (REQUIRED)

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PREVIOUS STUDY DONE AT CARRELL: \_\_\_\_\_ DATE/LOCATION: \_\_\_\_\_

\*MAXIMUM ONE TEST FROM ANY BOX ON ANY PARTICULAR DAY AND 1 WEEK BETWEEN TESTING.