

# DIAGNOSTIC CARDIOLOGY OF HOUSTON, P.A.

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## CT/CTA Order Form

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

Reason for Referral/Diagnosis: \_\_\_\_\_

### Routine CT Scans

- Head
  - With Contrast
  - Without Contrast
- Chest
  - With Contrast
  - Without Contrast
- Abdomen/Pelvis
  - With Contrast
  - Without Contrast
- Abdomen/Pelvis -- Renal Stone Protocol
- Upper Extremity
- Lower Extremity

### \*CT Angiography

- Coronary Calcium Score
- Carotid Arteries
- Cerebral Vascular
- Thoracic Aorta
- Abdominal Aorta (*Abdomen only*)
- Renal Arteries (*Abdomen only*)
- Abd. Aorta & Iliac Arteries  
(*Abdomen & Pelvis CTA*)
- Abd. Aorta & Fem. Art. w/LE RO's
- Coronary Arteries  
(*Must have regular heart rhythm*)
- CT Chest -- PE Protocol

\_\_\_\_ CT Scan of \_\_\_\_\_

- With Contrast
- Without Contrast

(Specify)

Requesting Physician Signature: \_\_\_\_\_

Please call (713) 776-9500 to schedule an appointment.

\*Patients 50+ yrs/old, are Diabetic or have compromised Renal Functions must have BUN/  
Creatinine Levels drawn within 30 days prior to the exam.

\*All CT/CTA studies are done at:  
Diagnostic Cardiology of Houston  
Sugar Land Office

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