

DIAGNOSTIC CARDIOLOGY OF HOUSTON, P.A.

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SUITE 270, 4660 SWEETWATER BOULEVARD _ SUGAR LAND, TX 77479
PHONE: (713) 776-9500 FAX: (713) 400-7220

CT/CT(a) Patient Preparation

General Patient Preparation for Contrast Studies:

- Must be fasting for 4 hours prior to the procedure.
- Patients 50+ yrs/old, are Diabetic or have compromised Renal Functions must have BUN/Creatinine Levels drawn within 30 days prior to the exam.
- Diabetic Patients who take Glucophage/Metformin should withhold the medications the day of the procedure and may not resume those medications for 48 hours following the injection of contrast.
- All other medications may be taken with a small amount of water.

**Special Notes:*

- Patients who are allergic to iodine or have had a previous history of reaction to contrast media, must inform the nurse so they will be properly pre-medicated.
- Patients who have a BUN greater than 34 and/or a Creatinine greater than 1.4, must be assessed by the physician/nurse prior to the procedure.

Preparation for Calcium Scoring and Coronary CT(a):

- No caffeine 12 hours prior to the procedure.
- Patient's Heart Rhythm must be regular and below 65 BPM. This may require the a patient be pre-medicated and should inform the nurse.

***Special Note for Patients requiring a Calcium Scoring only:*

- No caffeine 12 hours prior to the procedure.
- No fasting or lab work required.
- No physician's order required
- This procedure is not covered by insurance, a \$250 fee will be collected at the time of check-in.

Scheduled Exam:

- | | |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> CT(a) Brain | <input type="checkbox"/> CT Brain |
| <input type="checkbox"/> CT(a) Carotids (neck) | <input type="checkbox"/> CT Soft Tissue Neck |
| <input type="checkbox"/> CT(a) Chest | <input type="checkbox"/> CT Chest |
| <input type="checkbox"/> CT(a) Coronary Arteries | <input type="checkbox"/> CT Abdomen/Pelvis |
| <input type="checkbox"/> CT(a) Renal Arteries (Abdomen only) | <input type="checkbox"/> CT Upper Extremities |
| <input type="checkbox"/> CT(a) Abdomen/Pelvis | <input type="checkbox"/> CT Lower Extremities |
| <input type="checkbox"/> CT(a) Abd Aorta/Iliac Arteries | |
| <input type="checkbox"/> CT(a) Abd Aorta w/LE runoff | |
| <input type="checkbox"/> CT(a) Extremities (Upper or Lower) | <input type="checkbox"/> CT Coronary Calcium Scoring |

If you have any questions or concerns, please call 713-776-9500 and ask to speak with the technologist.

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