



Virginia Commonwealth University

MCV Campus

Medical Center

In the tradition of the Medical College of Virginia

REQUEST FOR CORONARY CTA PROCEDURE

CPT: 75574

Please complete the following information and fax to 828-5570.

If you have questions, please feel free to contact:

Dana Wilmoth Britt NP (804) 628-2340

Pager 4550

Carol Beasley RN (804) 628-7651

Pager 4474

Referring/Attending MD: _____

Address/Box #: _____

MD Contact Information (phone/pager): _____

Patients Name: _____

MCV Medical Record #: _____ Date of Birth: _____

If pt does not have MCV MR#, please fax Drivers License and Ins. Card.

If pt is over age 60, will need BUN and Creatinine labs drawn.

Address: _____

Phone #: _____

Diagnosis/Rule Out: _____ ICD-9: _____

Is the patient:

Allergic to any medications? _____

Diabetic? _____ If yes, what are current meds? _____

*****Can take Glucophage/Glucoavance morning of appt but cannot take medications until 2 days after procedure*****

Asthma? _____ If yes, what are current meds? _____

Taking Viagra or Cialis? _____ If yes, when was last dose? _____

Preferred Location: Downtown MCV Stony Point

*****PATIENT MUST PAY \$750.00 DAY OF PROCEDURE***
NO SODAS OR CAFFEINE AFTER MIDNIGHT
NO SOLID FOOD 4 HOURS PRIOR TO PROCEDURE**

Diagnostic Radiology
Non-Invasive
Cardiovascular Imaging

Main Hospital, 3rd Floor
1250 East Marshall Street
P.O. Box 980615
Richmond, VA 23298-0615

804-828-3180
FAX: 804 628-1132
TDD: 1-800-828-1120
www.radiology.vcu.edu

John D. Grizzard, MD, Director
NICVR
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