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Coronary CTA Instructions

PRIOR TO YOUR EXAM -----

**IF YOU HAVE EVER HAD
HISTORY OF CARDIAC BYPASS OR
STENT INSERTION**

-OR-

**ANY OF THE FOLLOWING WITHIN THE PAST YEAR:
STRESS TEST
CHOLESTEROL BLOOD WORK
CARDIAC CATHETERIZATION**

BRING OR FAX ANY OF THE ABOVE TO OUR OFFICE

Before the Study -----

Please follow these instructions in preparation for your exam:

- < Do not consume any form of caffeine 12 hours prior to the study.
- < Do not eat any solid food 4 hours prior to the study.
- < Drink two 8 ounce glasses of water 1 hour before the study
- < Take 100mg of Metoprolol (Lopressor) orally 1 hour prior to the study.

During the Study -----

- < You will have contrast (x-ray dye) for this study. A needle will be placed in your arm, around the inner elbow area.
- < You will have a 3-lead EKG attached to monitor your heart rate.
- < You will have oxygen, via nasal canula (oxygen tube under your nose), to help your breathing.
- < You will receive one squirt of nitroglycerine during your exam (under your tongue).

After the Study -----

- < The radiologist will evaluate your study and issue a report to your doctor. You may request to go over your study with the radiologist at a future time.
- < Be sure to eat and drink plenty of fluids after the study.

Lopressor

Pronounced: low-PRESS-or

Generic name: Metoprolol tartrate

*Warning: Please keep this medication out of the reach of children.

Store Lopressor at room temperature in a tightly closed container, away from light. Protect from moisture.

Lopressor, a type of medication known as a beta blocker. Beta blockers decrease the force and rate of heart contractions. It is essential for your Coronary CTA exam to have a heart rate of 60 or preferably slightly lower.

More common side effects of Lopressor may include, but not limited to:

Itching, rash, dizziness, tiredness, diarrhea, slow heart rate and shortness of breath.

***If you have any of these symptoms prior to your appointment please contact your doctor or seek immediate medical treatment.

Who should NOT take this medication?

If you have a slow heartbeat, certain heart irregularities, low blood pressure, inadequate output from your heart or heart failure, you should **NOT** take this medication.

If you suffer from asthma, seasonal allergies or other bronchial conditions, or live disease, this medication should be used with caution.

If you are currently taking a beta blocker or high blood pressure medication, **PLEASE** check with your doctor prior to taking Lopressor.

Any other questions about the Coronary CTA exam please **contact our office at (703) 396-7669**



Patient Questionnaire

Form for patient information including Date, First Name, Last Name, Gender, Date of Birth, Street, City, State, Zip, Phone (home/work/cell), Email, Doctor who sent you for the test, and General doctor (if different).

Reason for Test

Table with 4 columns for reasons for test: Chest pain, Left arm, upper back or jaw pain, Shortness of breath, Fatigue, Palpitations/fast or irregular heartbeat, Abnormal or uncertain stress test, Abnormal EKG, Personal history of heart disease, Family history of heart disease, Smoking, High cholesterol, High triglycerides, High blood pressure, Diabetes, Just generally worried, Because my doctor suggested it, Fpø/hpqy, and Other..

If you have chest pain:

Is it worsened by b... If you go up a hill on 10 separate occasions, on how many of these do you experience chest pain? (0-10) If you have the pain 10 times in a row, how many happen when you are resting or sitting quietly? (0-10) How long does the pain usually last in minutes? ... minutes

Risk Factors

Table for Risk Factors with 3 columns: Question, Answer options (P/If Yes/If No), and response area for various medical conditions.

VRA Coronary CT Arteriography Database

Have your blood relatives had Heart attacks or heart artery blockages P "" "["" F qøwmpqy "" "" "" kh" {gu"→	Age first discovered <u>Under 55</u> <u>55-64</u> <u>65&up</u>
Do you exercise enough to cause a fast heart beat for at least 20 minutes, at least twice a week? P "" "[Brother Sister Father Mother Son Daughter Maternal grandfather Maternal grandmother Paternal grandfather Paternal grandmother Paternal uncle Paternal aunt
Weight _____ lbs Height _____ ft _____ in	
Waist if known _____ in	
Dress size if female _____	

Medications		Names of antilipid drugs	Total dose/day
Are you on cholesterol or lipid lowering medicine?	P "" "" ["" "" "" kh" {gu"→	_____	_____
Blood pressure medicine	P "" "" ["	_____	_____
Insulin	P "" "" ["" "" ""	How long have you been on this or similar medicine to lower cholesterol or triglycerides ?	_____ yrs
Daily Aspirin	P "" "" ["" "" ""		_____ months
Daily Multivitamin	P "" "" ["" "" ""		

Recent Tests	Location	Date
Stress Test in past 12 months or scheduled?	P "" "" ["" "" "" "aaaaaaaaaaaaaaaa" "	_____
Cardiac Catheterization in past 12 months or scheduled?	P "" "" ["" "" "" "aaaaaaaaaaaaaaaa" "	_____
Cholesterol test in past 12 months or scheduled?	P "" "" ["" "" "" "aaaaaaa_____	_____

History of allergies:

P qpg	Ugcupcn'q thayfever	Ujgnfkuj	Rgpleknkp	F go gtqn
Kqflpg	Z-ray dye/IV contrast	Cujjo c	Uwix	Qvjgtí 0

Previous Surgery:

Breast	Chest	Lung	Heart	Qvjgtí í 0 _____
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Other Conditions:

Mkfpq{ 'fkugcug	Qp'ejgo qvjgtr {	Congestive heart failure
Nkxgt'fkugcug	Rcego amgt	
O wnkr g'o { gmjo c	Ktgiwrt'jgctv'tj { vjo	

Signed consent _____