

_____,
(Physician's last name/first name)

Thank you for referring _____ for a Cardiovascular CT
(last name/first name) and HRN
examination at Southlake Regional Health Centre on _____ at
(date of appointment dd/mm/yy)
_____. Please notify the patient of this appointment date & time.
arrival time of appointment

In order to minimize delays we ask that your patient arrive on time and be prepared for their CT examination. A patient target heart rate of between 50 and 60 beats per minute during the examination is necessary to optimize image quality. To expedite your patient's length of stay in CT, it is requested that you prescribe a single oral dose of a Beta blocker (i.e. Metoprolol) to be taken one to two hours prior to the patient's CT appointment. This is assuming that the patient does not have a known contraindication to Beta blockade. If the target heart rate is not reached with this oral dose, then additional beta blockade will be administered during the examination.

If you have any questions regarding this procedure, please feel free to contact our Diagnostic Imaging Department at ext. 2436

Thank you for your assistance,

Dr. Molly Thangaroopan
Cardiologist

Dr. Lisa Thain
Radiologist