

# HeartSaver CT Physician Order



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ordering Physician Name: \_\_\_\_\_

Signature of Ordering Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Please Select Service:

- Coronary Calcium Score Screening
- Coronary Calcium Score Diagnostic Test. Diagnosis (required): \_\_\_\_\_

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

## Who should receive a HeartSaver CT

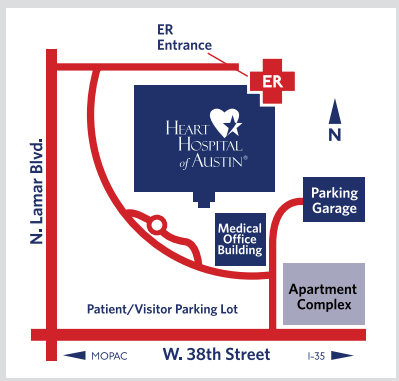
This screening/diagnostic test is recommended for men ages 40 to 65 and women ages 45 to 70 with a known risk factor for developing coronary artery disease. Risk factors include:

### Family History of Heart Disease

High Cholesterol  
High Blood Pressure

History of Smoking  
Diabetes

Overweight  
Inactive Lifestyle



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