



**Connected Cardiovascular Care**  
ASSOCIATES

**Instructions for CT Angiogram**

Please read these instructions carefully and follow all instructions that apply to you.

Name \_\_\_\_\_

Appt Date \_\_\_\_\_ Appt Time \_\_\_\_\_

Please arrive **30 minutes** prior to your appointment time unless otherwise noted. Please call 214-814-1550 for any questions or cancellations.

**WHAT TO DO BEFORE YOUR PROCEDURE:**

- Blood work to assess your kidney function must be drawn **WITHIN 2 WEEKS** of your scheduled exam.
- **C3 must have the blood work results at least 48 hours PRIOR to your CT appointment or your CT exam will be rescheduled.**
- If prescribed, please take medication 30 minutes before your appointment.
- *FEMALE PATIENTS ONLY: Any woman of child-bearing age, that has not had a hysterectomy, will have a pregnancy test included in their required blood work.*

**TEST PREPARATION:**

- Do NOT eat 2 hours prior to scheduled appointment time.
- No caffeine 12 hours prior to scan.
- No tobacco/nicotine products such as gum, patch, or vaping 6 hours prior to scan.
- Wear loose fitting clothing that does not contain any metal (NO zippers, buttons, clasps, etc).
- **Drink additional water (1-1 ½ quarts) the day prior to your appointment. Continue to drink water up until your appointment time.**
- Take your medications as normally prescribed except the following:
  - Diabetic: Metformin (Glucophage) for 48 hours **AFTER** the scan.
  - Diuretic medications (aka water pills): Hold morning of the test. Continue diuretic after exam.
- Do not take medications for sexual dysfunction (Viagra, Cialis or Levitra) 48 hours prior to scan.
- Your cardiologist may prescribe medication to be taken 30 minutes prior to your scan based on your heart rate. Take as directed.

**\*\*\*We do not perform scans if you are allergic to contrast\*\*\***

*If you have any questions about these instructions, please consult your physician or staff.*

*\* Reminder, there is a cancellation fee of \$250.00 for any tests cancelled without advance notice of **1 Business Day**.\*  
I have read and understand these instructions as explained to me.*

\_\_\_\_\_  
Patient Signature/Date

\_\_\_\_\_  
Date