



Indian Circle for Caring USA Inc.

Patient Contact Information for Coronary Calcium Scoring Form

Patient Name:

Phone No:

City:

State:

Zip Code:

Email ID:

Primary Care Physician

Name:

Phone No:

City:

State:

Zip Code:

FAX No:

Specialist (e.g. Cardiologist, Endocrinologist)

Name:

Phone No:

City:

State:

Zip Code:

FAX No:

METROWEST MEDICAL CENTER
 Framingham Union Hospital · Leonard Morse Hospital
 DEPARTMENTS OF IMAGING SERVICES AND CARDIOLOGY
 CORONARY CALCIUM SCORING ORDER FORM

Patient Name:	DOB:
Age: Male: Female:	

Test Indication:

Coronary calcification provides adequate risk assessment to standard clinical risk scores. In order to provide the maximal information from the study, the following clinical variables are necessary to properly interpret the coronary calcium score.

- Cardiac Risk Factors Yes: No:
- Hypertension Yes: No:
- Currently taking BP Medications Yes: No:
- Most recent BP
- Total Cholesterol
 - HDL
 - Triglycerides
 - LDL
- Smoking Status Yes: No:
- Diabetes Yes: No:
- Lipid Lowering Medications Yes: No:
- Family history of premature Coronary Artery Disease (parents, siblings, or children under age 65(M), 55(F)) Yes: No:
- If female - Currently using Hormone Replacement Therapy? Yes: No: N/A
- Ethnicity- Please select Hispanic ethnicity for the purposed of this test and its report. Asian: Black: Hispanic: White:

 Ordering Physician Signature
 Harshad Sanghvi, MD, FACC

 Date

Please send the report to Dr. Harshad Sanghvi, MD, FACC, Medical Director ICC
 Fax #: (508) 319-1390 Email: harshad.sanghvi@gmail.com