



IMAGING SERVICES

1314 E Walnut Street

Washington, IN 47501

For questions contact Radiology

812-254-8851

To schedule, call 812-254-9324

SELF-REFERRAL CT CALCIUM SCORING REQUEST

Self-referred CT Calcium Scoring is offered at Daviness Community Hospital to promote and encourage Cardiac Health and preventative cardiac care. It is important to understand that self-referred CT Calcium Screening is only one component of a complete cardiac care program and is not intended to replace regular visits to your primary care provider for recommended examinations.

Self-referred CT Calcium Screenings will be performed at Daviness Community Hospital for patients who meet the following conditions:

- I am requesting a CT Calcium Scoring without a physician’s order and agree to assume full responsibility for providing the report to my health care provider and obtaining recommended follow up care and testing with an appropriate healthcare provider.
- I understand the CT to be performed is a screening procedure, and not diagnostic.
- I understand this CT Calcium Scoring does not establish a physician-patient relationship with any provider at the Hospital.
- I understand the results are not being sent to any healthcare provider.
- I have no previous history of a heart attack, heart stents or coronary bypass.
- I release Daviness Community Hospital, it’s employees and the Radiologist interpreting my CT Calcium Scoring from all liability resulting from my failure to follow up with a healthcare provider when recommended.

Have you had a previous heart attack,
heart stents or coronary bypass?

NO_____ YES _____

Current Mailing Address to receive report _____

Please list your preferred contact information should we need to communicate with you about your results:

Phone: _____ Email: _____

I understand and agree with the conditions for self-referred CT Calcium Scoring.

Patient signature Date