

# CORONARY ARTERY CALCIUM SCAN WORKSHEET (SCV/Irwindale Sub-Contractor)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age in 2 Months: \_\_\_\_\_

Is employee's Age (in 2 months)  $\geq 40$ ?  NO [CAC not indicated]

YES

Is employee already taking statins?  YES [CAC not indicated]

NO

Does employee have one of following?  +FHx of ASCVD at age  $<55/65$  in 1<sup>o</sup> male/female

10-year ACC/AHA risk  $\geq 5.0$

YES:

NO [CAC not indicated]

Is employee willing to consider statins if their CAC is high ( $>100$ )?

YES:

NO [CAC not indicated]

Has employee had a CAC in the last three years (or five years if the CAC=0)?  YES [CAC not indicated]

NO: Complete testing authorization below for CAC at Harbor/UCLA and give to employee.

▶ Complete testing authorization for CAC at your sub-contractor and give instructions to employee.

▶ After your clinic receives results, submit the OHP Work Order below for payment. Do not send this page to OHP.

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**Record Handling:** Do not send this page to OHP since it may contain Family History.

