

Cardiac CT Scan



Monday December 29, 2025

Arrive by 10:00 AM EST



Starts at 11:00 AM EST (30 minutes)



[Add to personal/work calendar](#)



Wexford Hospital CT Scanning

12351 Perry Highway

Wexford PA 15090

878-231-5091

This appointment cannot be canceled online. To cancel, please call 878-231-5091.

Prepare for Your Visit

All questionnaires for this appointment will be available for you to answer on Monday December 22, 2025.

Directions for Wexford Hospital CT Scanning

Off of Rt 19, turn onto Hospital Drive

Park in the hospital parking garage

Take parking garage elevator to 1st floor

Exit on 1st floor, turn left and follow hallway to main lobby

Check-in with security

Visit Instructions

Please arrive 60 minutes prior to your scheduled appointment time.

IMPORTANT PATIENT PREP INSTRUCTIONS

If your doctor ordered a medication specifically for this test, please remember to take as prescribed.

No caffeine (coffee, tea, chocolate, etc.) after 8:00pm the night before the exam. No cocaine, Viagra®, Cialis® or Levitra® 48 hours before or 48 hours after this study.

Please be advised testing may take up to 3 hours to complete.

Heartflow is a third party vendor that combines health and technology to provide a higher standard of care for the diagnosis and management of coronary artery disease. In order to receive a Heartflow analysis (Fractional Flow Reserve Analysis), a Radiologist will review the images from the Coronary CTA and determine if the case meets the medically necessary criteria for a fractional flow reserve analysis. If the study meets the criteria, the Radiologist will utilize Heartflow for the analysis and initiate the authorization process with the CVU team. Fractional Flow Reserve Analysis is a billable service and if utilized will show as an additional charge to the patient's billing encounter.

Please ensure your ordering physician is aware of any episode(s) of chest pain and proceed to the nearest ER or call 911 with recurrent or worsening symptoms.

Please bring a list of medications with you that you are currently taking. This list should include any prescribed or over the counter medication including vitamins or herbals. Please list all allergies or sensitivities on that list as well.

When you arrive for your appointment, please check in at the front desk even if you have completed the eCheck-In.

If you have multiple appointments scheduled, you will receive a reminder for each appointment. Please make sure you arrive in accordance with the earliest appointment time.

Children must be supervised during testing. If you need to bring a child under 12 years old, please arrange to have a friend or family member available, or the appointment may be rescheduled.

****Instructions for obtaining prior imaging:**

If you had imaging performed outside of AHN related to this appointment, please call the facility where your images were performed two weeks prior to your appointment and request the images and report to be sent via Power Share. If your images will be sent via Power Share, make sure to mention that at your appointment