

# Nuclear Cardiology

Requisition & Report  
 Kawartha Diagnostic Imaging  
 327 Charlotte Street  
 Peterborough, Ontario K9J 0B2  
 Booking Line - 705-740-6888  
 Fax Line - 705-749-9611

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
 HEALTH NO. \_\_\_\_\_ TEL: \_\_\_\_\_  
 WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_  
 APPT. DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 REFERRING PHYSICIAN (PLEASE PRINT) \_\_\_\_\_

NUCLEAR CARDIOLOGY

## Myocardial Perfusion Imaging Using Thallium and / or Technetium tracers

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Persantine</b> (dipyridamole)             | Instructions: Patient must not have consumed caffeine for 24 hours prior to test, must not be asthmatic, must not be on theophylline.   |
| <input type="checkbox"/> <b>Treadmill Exercise</b>                    | Instructions: Patient must not have consumed caffeine for 24 hours prior to test, must not have LBBB, must not be on B-blockers or other heart rate limiting medications for 24-72 hours prior to the test. |
| <input type="checkbox"/> <b>Resting</b> (to assess viable myocardium) | Instructions: Patient must not have consumed caffeine for 24 hours prior to test.   |

## Ventricular Function

- MUGA Scan - Resting RNA** (to assess systolic and diastolic function, including ejection fraction - no patient prep.)

### Pertinent History (Check as many as apply)

- Atypical pain     Angina     CHF  
 Previous MI \_\_\_\_\_ year
- Previous PCI \_\_\_\_\_ year  
 LM    LAD    RCA    LCX  
Circle Vessel(s)
- Previous CABG \_\_\_\_\_ year  
 LM    LAD    RCA    LCX  
Circle Vessel(s)
- Cardiomyopathy

Other (please specify)

### Reason(s) for Current Exam

- Confirm suspected CAD / LV dysfunction
- Monitor known CAD / LV dysfunction
- Assess Therapy:  
 PCI     CABG     Medical RX
- Complementary to another test (Cardiac Cath, Stress Echo, Exercise Treadmill Test)

Question(s) to be answered by exam:

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and Independent Health Facilities, such as those listed on the IHF website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

REFERRING PHYSICIAN'S SIGNATURE:  
**(MANDATORY)**

Copies to:

Interpretation:

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