



**Nuclear Cardiology  
Medical Imaging**

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
dd/mm/yy

Health Card: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Bus: \_\_\_\_\_

**EXAMINATION REQUESTED – Please Check**

- Exercise Stress Myocardial Perfusion Imaging (3 hours)
- Persantine Myocardial Perfusion Imaging (3 ½ - 4 hours) - if unable to exercise
- Dobutamine Myocardial Perfusion Imaging (3 ½ - 4 hours) – if severe asthma and unable to exercise
- Thallium Viability Study - Rest & Redistribution only (4 ½ hours)
- MUGA (Ventricular function) 1 hour
- MUGX (Exercise MUGA) 1 ½ hour

**Indications and Diagnosis for test :**

**Referring Physician ( print ) :** \_\_\_\_\_ **Copy to:** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**Physician Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**PATIENT PREPARATION**

**Myocardial Perfusion & MUGX**

No Caffeine (coffee, tea, chocolate, cola, Tylenol 3) for minimum 24 hours prior to test.  
 Fast for 2 hours prior to test.  
 Bring loose comfortable clothing (running shoes, shorts) if scheduled for exercise stress test.  
 Bring list of medications.  
 Patient should be off Beta-blockers and calcium blockers on the recommendation of referring physician only.

**MUGA & Thallium Viability Study**

No prep required

Office Use Only	Radiopharmaceutical Used	Tech Comments
<b>Received:</b>  <b>Date &amp; Time of Exam:</b>		<b>L/R ACF Other:</b> <b>Camera:</b> <b>Previous:</b> <b>PACS:</b> <b>Req Scanned:</b>