

University Health Network

The Dr. Robert J. Burns Nuclear Cardiology Lab

Toronto Western Site

NUCLEAR CARDIOLOGY REQUISITION

LAB CONTACT INFORMATION:

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M5T 2S8

PATIENT NAME:

SURNAME: _____

GIVEN NAME: _____

PATIENT IDENTIFICATION: Inpt. Otpt.

M.R.N. # _____

Health Card # _____

Date of Birth (dd/mm/yr) _____

Address: _____

City: _____ Postal Code: _____

Patient Phone # _____

Referring Physician Phone # _____

Referring Physician Billing # _____

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

INVESTIGATIONS: (Please use a separate requisition for each procedure requested)

1. Myocardial Perfusion Imaging (M.P.I.) with Gated SPECT ***
CHOOSE (1 duration) AND CHOOSE (1 stressor)
 Same day Exercise Dobutamine
 Two day (> 100 kg.) Dipyridamole Adenosine
(2-day procedures recommended in patients > 100 Kg. or > 30 B.M.I.)

2. Viability Imaging - choose one
 With Stress *** Without Stress

3. Exercise ECG - select stress type
 Bruce Modified Bruce (Sheffield)
 Naughton Other (specify)

4. Blood Pool Imaging (RNA, MUGA, SYMA) - choose combination
 First Pass LV Volumes
 Resting RV Volumes
 Resting and Exercise Stress
 Resting and Dobutamine Stress

5. Cardiopulmonary (C.P.) CP only
 CP with First Pass LV Vol. RV Vol.

6. Holter Monitoring - choose one only
 24 hr. 48 hr. 72 hr.

7. Infarct-Avid Imaging
 Tc-PYP

ENTER INDICATION #s HERE:

NOTE: Please see the reverse side of this form to select the appropriate indications for the procedure you have ordered

MEDICATIONS (Indicate all current patient medications)

1. None
 2. ACE Inhibitors
 3. Antiplatelet Drugs
 4. ASA
 5. Beta Blockers (see "important" below)
 6. Calcium Channel Blockers
 7. Digitalis/Digoxin
 8. ARB meds.
 9. Diuretics
 10. Insulin
 11. Nitrates
 12. Oral Hypoglycemics
 13. Other Lipid Lowering Agents
 14. Statins
 15. Others (please list in comments)

BODY HABITUS (if known)

Height (cm)

Weight (kg)

RELEVANT COMMENTS:

IMPORTANT - To the referring physician:

Patients unable to achieve maximal exercise where ordered, will have procedures converted to appropriate pharmacologic stress

Do you wish beta-blockers D/C prior to stressing ???

YES NO

PLEASE TURN THIS FORM OVER ...

ORDERING PHYSICIAN'S SIGNATURE

(This requisition **MUST** be signed by the ordering physician prior to the procedure commencing)