

Mallinckrodt Institute of Radiology-Barnes-Jewish Hospital South Campus

Physician Request Form for Myocardial Perfusion Imaging

Patient Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: _____ Weight: _____

Referring Physician: _____ Phone: _____

Date of Study: _____

Previous Myocardial Perfusion Imaging: Yes/No Where: _____ Date: _____

Previous Coronary Angiogram: Yes/No Where: _____ Date: _____

Clinical questions (check one)

____ Detection of CAD

Determine significance of CAD in:

____ LAD ____ LCX ____ RCA

Detection of restenosis/graft occlusion in:

____ LAD ____ LCX ____ RCA

____ Evaluation of medical therapy

____ Detection of viable myocardium

____ Detection of acute ischemia or infarction

Study requested (check one)

____ Maximal or ____ Sub-maximal exercise stress

____ Dobutamine stress test

____ Vasodilation adenosine/dipyridamole stress test

Substitute exercise or dobutamine stress if
caffeinated substances have been ingested? Yes/No

____ Perform study on current medication

____ Hold current medication prior to study

____ Rest/Delay Tl-201 study for viable myocardium

____ Rest Tc-99m sestamibi study for acute chest pain

Special comments and instructions

Physician Signature: _____

For scheduling, please call 314-362-1952.

Please FAX this form to 314-362-0414 after patient's examination has been scheduled.

If the Division of Nuclear Medicine receives the signed form prior to the study
it will serve as a substitute for the standard requisition.