

**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.