



Medical Imaging Department

30 Bond Street, Toronto, ON, M5B 1W8
3rd Floor Cardinal Carder Wing

www.stmichaelshospital.com

*Functional & Molecular Imaging
for your health*

Tel. 416-864-5115 Fax 416-864-5037

Exam Date :

Exam Time :

Next Available

Urgent

Specific Date: _____

Accession #:

A. PATIENT INFORMATION

| | | | |
|---|-------|---|--|
| MRN | DOB | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other (specify): _____ | |
| Last Name | | Transgender: <input type="checkbox"/> Female-to-male <input type="checkbox"/> Male-to-female | |
| First Name | | Preferred Name: | |
| Street Address | | Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N | Height (cm) |
| City | Prov. | Postal | Breastfeeding? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Tel.1 # | | Consent for messages <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Tel.2 # | | Consent for messages <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Allergies (specify): | | Special Needs (specify): | |
| Health Number | | Version | |
| <input type="checkbox"/> IFH <input type="checkbox"/> Self-Pay <input type="checkbox"/> WSIB Claim #: | | Other Requests (specify): | |

B. EXAM ORDERED

| | | | |
|--|--|---|---|
| MYOCARDIAL PERFUSION | VENTRICULAR FUNCTION | MYOCARDIAL VIABILITY | CARDIAC AMYLOIDOSIS |
| <input type="checkbox"/> MIBI – Exercise ★ | <input type="checkbox"/> MUGA – Resting | <input type="checkbox"/> Myocardial Viability Scan (Thallium) | <input type="checkbox"/> Cardiac Amyloid Scan (Pyrophosphate) |
| <input type="checkbox"/> MIBI – Persantine ★ | <input type="checkbox"/> MUGX – Exercise | | |
| <input type="checkbox"/> MIBI – Dobutamine ★ | <input type="checkbox"/> MUGX – Dobutamine | | |

★ Select PERSANTINE if the patient is unable to exercise or DOBUTAMINE if the patient is unable to exercise and has severe asthma.

LOW RADIATION DOSE PROTOCOLS ARE USED FOR ALL PATIENTS & DOSES ARE SCALED TO THE PATIENT'S BMI
Patients that have a low pre-test risk for CAD will have stress only imaging. Rest imaging for low risk patients will only be done when stress images are abnormal or equivocal. This lowers the patient's radiation dose to be equivalent to about 6-12 months of natural background radiation depending on their body weight.

PLEASE ADVISE YOUR PATIENTS ABOUT STOPPING MEDICATIONS FOR STRESS TESTS (SEE REVERSE)

For PDF copies of this requisition & detailed exam instructions go to www.stmichaelshospital.com . Thank you for your referral.

| | | | |
|--|---|---|-----------------|
| C. ORDER REASON | D. CLINICAL HISTORY | E. CLINICAL INFORMATION | |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Prior MI / PCI / CABG | | |
| <input type="checkbox"/> Dyspnea | <input type="checkbox"/> Pacemaker / ICD | | |
| <input type="checkbox"/> CAD risk stratification | <input type="checkbox"/> Cardiomyopathy | | |
| <input type="checkbox"/> Positive Stress Test | <input type="checkbox"/> Left Bundle Branch Block | | |
| <input type="checkbox"/> LV Function/Dysfunction | <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Viability | <input type="checkbox"/> Asthma / COPD | | |
| F. ORDERING PHYSICIAN (PLEASE PRINT) | | NOTE: ONLY PHYSICIANS MAY TO SIGN THIS REQUISITION | |
| Physician Name | | Physician Signature | Order Date |
| Street Address | | x | |
| City | Prov. | Postal | Billing # |
| Tel. # | Fax # | CC ₁ | CC ₂ |

PLEASE FAX COMPLETED REQUISITION TO 416-864-5037

NUCLEAR CARDIOLOGY EXAM INFORMATION

LOCATION

ENTER FROM QUEEN STREET
CHECK-IN AT MEDICAL IMAGING RECEPTION – 3RD FLOOR CARDINAL CARTER WING

TEST DURATIONS + PREPARATION

| MYOCARDIAL PERFUSION | VENTRICULAR FUNCTION | MYOCARDIAL VIABILITY | CARDIAC AMYLOIDOSIS |
|--|---|--|---|
| 2 hours for MIBI (stress) ★ 2 hours for MIBI (rest) ★ Follow stress test preparation for all MIBI exams | 1 hour for MUGA (resting) 2 hours for MUGX (stress) Follow stress test preparation for MUGX exams only | 2 DAY TEST 4 hours for day 1 ½ hour for day 2 No preparation either day | 2 hours (standard) 4 hours (as needed) No preparation |

★ MIBI exams: you may choose to have the rest + stress exam on the same day (4 hours), or on a different days (2 hours each)

STRESS TEST PREPARATION INSTRUCTIONS

MEDICATION RESTRICTIONS

DO NOT STOP TAKING ANY MEDICINE WITHOUT TALKING TO YOUR DOCTOR FIRST

- Stop Aminophylline, Theodur (Theophylline), and Uniphyll) 3 days before the test
- Stop Viagra (Sildenafil), Levitra (Vardenafil), or Cialis (Tadalafil) 2 days before the test
- Stop Aggrenox, Persantine, or Agrelone 1 day before the test
- Stop Beta-Blockers 1 day before the test; e.g. Acebutalol/Sectral, Atenolol/Tenormin, Bisoprolol/Monacor, Carvedilol/Coreg, Labetalol/Trandate, Propranolol/Inderal, Metoprolol/Lopressor/Betacoc

DIETARY RESTRICTIONS

- 24 HOURS BEFORE THE TEST:** **DON'T TAKE ANY MEDICINES/SUPPLEMENTS THAT CONTAIN CAFFEINE**
- ❖ **Check the product label for “caffeine”**
 - Stop pain medications that contain caffeine (e.g. Anacin, Excedrine, Lenoltec 1/2/3, Midol, Tylenol 1/2/3/4, etc.)
 - Stop appetite control pills, diet pills, and weight loss pills that contain caffeine
 - Stop cough, cold, sinus, and flu medicines that contain caffeine
 - Stop all non-drowsy medications and caffeine pills

- 24 HOURS BEFORE THE TEST:** **DON'T EAT OR DRINK ANY CAFFEINE PRODUCTS**
- ❖ **This includes decaffeinated products, as they are not caffeine-free**
 - Stop drinking coffee (regular or decaf), tea (regular, decaf, or herbal), or ice tea
 - Stop eating/drinking chocolate, hot chocolate/cocoa, or chocolate/cocoa containing products
 - Stop taking energy drinks/gels (e.g. Red Bull, GURU, Hype, Octane, Rock Star, Monster, etc.)
 - Stop drinking soft drinks that contain caffeine (e.g. Coke, Pepsi, Root Beer, Cream Soda, Dr. Pepper, etc.)

- 2 HOURS BEFORE THE TEST:** **DON'T EAT 2 HOURS BEFORE THE TEST**
- ❖ **Patients with diabetes may have non-caffeinated diabetic snacks**
 - You may have water or juice at any time throughout the test
 - You can take any medicines not mentioned in the medication restrictions above with water

OTHER IMPORTANT INFORMATION

Bring your Ontario Health Card or other health insurance information with you to the test
Bring a current list of your medicines with you to the test, and bring any medications you may need
Bring comfortable clothes and walking or running shoes that are appropriate for vigorous walking or exercising
IF YOU HAVE DIABETES – bring your blood sugar monitor, diabetic snacks, and medicines with you to the test
IF YOU HAVE ASTHMA OR A LUNG CONDITION – bring your inhaler medicines (puffers) with you to the test



NUCLEAR CARDIOLOGY EXAMS ARE NOT APPROPRIATE FOR PREGNANT PATIENTS

Call us at 416-864-5115 if you have questions about your test.

