



**Stress Perfusion (Thallium) SPECT/
Exercise Treadmill Requisition**

File # _____ Booking Date: _____
Appointment Date / Time: _____

Referring Information (please complete and sign):

Patient's Age: ____; Gender: _____ Ht: _____ cm / ft-in; Wt: _____ kg / lb

Exercise-MPI Pharmacologic-MPI Exercise Stress Treadmill

Hold anti-ischemic Medication(s) Yes No Previous MPI Study (date) _____

ASTHMA: Yes No COPD: Yes No PACEMAKER / ICD: Yes No

Vascular Disease (atherosclerosis) risk factor(s) (check all that apply)

Diabetes (Type I Type II) Hypertension Smoking (Ex-smoker -quit >1 yr ago)
 Family history CAD Dys(hyper)lipidemia Obesity (BMI > 30) Overweight (BMI 25-30)

TC: _____ mM; TG: _____ mM; HDL: _____ mM; LDL: _____ mM; TC/HDL: _____
Apo B: _____ mg/dL; Lp(a): _____ mg/dL; hsCRP: _____ mg/dL; Ca score: _____; GFR: _____ mL/kg/min

Study Indication(s) and Relevant History (check all that apply)

Typical chest pain Palpitations
 Atypical chest pain Post Heart Transplant (ischemia?)
 Chest pain syndrome (NYD) Post MI risk stratification (Date of MI? _____)
 Asymptomatic Pre-op risk assessment (non-cardiac)
(Type? _____)

Abnormal exercise stress treadmill
 Abnormal rest ECG

Angioplasty – Stent /POBA (efficacy/ischemia?) – Vessel(s) _____ - Date _____

CABG (efficacy/ischemia?) – Vessel(s) _____ - Date _____

Cardiomyopathy (ischemia / viability?)
 Congenital heart disease (ischemia?) Presynope (ischemia/dysrhythmia?)
 Dyspnea / Orthopnea / PND Syncope (ischemia/dysrhythmia?)
 Dysrhythmia (known / suspected)
 Follow-up for progression of CAD
 Functional significance of coronary stenosis (or high Ca score) – Vessel(s)? _____

Heart Failure (ischemia / viability?) Vascular ds. (AAA/Claudication/Stroke) (ischemia?)
 LV systolic function (EF) assessment Vascular disease (atherosclerosis) risk factors
 Medical therapy efficacy assessment Viability assessment

Additional History (if required):

MD Signature:

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L/H: _____

TTSI: _____ min

TTRI: _____ hrs

Bra size: _____

Camera #: _____

Analyzed by:

RT (NM)