VANCOUVER ISLAND health authority

Booking: 250-370-8320
Fax: 250-370-8362

Nuclear Medicine

MYOCARDIAL PERFUSION (MIBI SCAN)

Ordering Physician: Billing #: _____

PRINT Full Name: _____

Signature: _____ Date: _____

Phone #: _____ Fax #: _____

Copies to:

PHN: | | | | | - | | | | - | | | |

Patient Name:

Address:

Phone #1:
#2:

Sex: ☐ M ☐ F

DOB (dd/mm/yyyy):

Insurer: ☐ MSP ☐ WCB ☐ ICBC ☐ Other: _____

Complete for ALL patients:
Infection Control Precautions? ☐ **Yes** ☐ **No**

Specify Type: _____

Is Patient Mobile? ☐ Yes ☐ Walker ☐ Wheelchair
Describe:_____

REASON FOR EXAM

Must give relevant clinical history. Please write legibly as this information will be typed into the patient's electronic record.

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CURRENT MEDICATIONS (Particularly Cardiac)

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In order to book this exam, we require ALL of the following:

1. **Please include previous cardiac treadmill results. (Prior to booking a MIBI, a cardiac treadmill stress test is suggested if possible.)**
2. **Please include a copy of the most recent ECG.**
3. **Indicate: ☐ Treadmill or ☐ Persantine**
   (Treadmill is preferred if possible).
4. **Contraindications to Treadmill Stress**
   (E.g. Severe Aortic stenosis; MI in prior 72 hrs life threatening cardiac arrhythmia; unstable angina; inability to run on treadmill; acute pulmonary embolism or myocarditis, left bundle branch block)
   ☐ **YES** ☐ **NO**
5. **Contraindications to Persantine**
   (E.g. severe COPD/unstable Asthma $2^{nd}/3^{rd}$ degree heart bock; MI in prior 72 hrs or unstable angina; allergy to persantine; hypotension (systolic BP<90)
   ☐ **YES** ☐ **NO**
6. **Allergies:**_____
   _____
   _____
   _____
7. **Height: _____(cm)**
8. **Weight:_____(kg)**

It is very important to provide height & weight in metric measurements.

Revised: Nov 2008