

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

Ordering Physician: \_\_\_\_\_ Billing #: \_\_\_\_\_  
PRINT Full Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Copies to: \_\_\_\_\_

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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\_\_\_\_\_

# Nuclear Medicine

## MYOCARDIAL PERFUSION (MIBI SCAN)

PHN: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_  
#2: \_\_\_\_\_

Sex:  M  F

DOB (dd/mm/yyyy): \_\_\_\_\_

Insurer:  MSP  WCB  ICBC  Other: \_\_\_\_\_

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<sup>nd</sup>/3<sup>rd</sup> degree heart block; 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.