

McLaren Flint
Information Sheet
Nuclear Stress Test

Name _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Surgeries _____

1. **Prior related Spect Studies?** Yes No

If yes, when: _____ Where? _____

Results: _____

2. **History of prior MI?** Yes No

If yes, when: _____ Where? _____

3. **Cardiac Bypass Surgery?** Yes No

If yes, when: _____ Where? _____

Vessels involved? _____

4. **Prior Angioplasty?** Yes No

If yes, when: _____ Where? _____

5. **Prior Cardiac Cath?** Yes No

If yes, when: _____ Where? _____

Results: _____

6. **Bra Size:** _____

7. **Patient imaged with bra ON or OFF? (please circle one)**

(All female patient should be imaged with bra on assuming no metal in bra)

Nuclear Cardiology Stress

- Lexiscan
- Persantine Mg _____
- Dobutamine Mg _____
- Treadmill



PT.

MR.#/P.M.

DR.