



CARO REGION

**MYOCARDIAL PERFUSION IMAGING INFORMATION SHEET**

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

X-RAY #: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

ORDERING PHYSICIAN: \_\_\_\_\_

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Family history of heart disease	Yes _____	No _____
Patient history of heart disease	Yes _____	No _____
Angina	Yes _____	No _____
Heart attack	Yes _____	No _____
Bypass surgery	Yes _____	No _____
Angioplasty	Yes _____	No _____
Previous heart study	Yes _____	No _____
Diabetic	Yes _____	No _____

Lexiscan \_\_\_\_\_ Treadmill \_\_\_\_\_ HR Max \_\_\_\_\_ Min \_\_\_\_\_

Reason for stopping test:

fatigue \_\_\_\_\_ medication \_\_\_\_\_ leg pain \_\_\_\_\_

chest pain \_\_\_\_\_ EKG \_\_\_\_\_ reached target \_\_\_\_\_

INJECTION TIME: \_\_\_\_\_ TOTAL STRESS TIME: \_\_\_\_\_

HEART RATE AT INJECTION: \_\_\_\_\_ MAX HEART RATE: \_\_\_\_\_

Isotope: \_\_\_\_\_ Tc99m-Sestamibi \_\_\_\_\_

Rest Dose: \_\_\_\_\_

Stress Dose: \_\_\_\_\_