

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital-South Campus
Physician Request Form For Myocardial Perfusion Imaging**

Patient Name _____ Birthdate _____ Gender _____

Address _____

City, State, Zip _____ Physician _____

Patient's Phone _____ Physician's Phone _____

Date of Study _____

Previous Myocardial Perfusion Imaging? _____ Where? _____ Date? _____

Previous Coronary Angiogram? _____ Where? _____ Date? _____

CLINICAL QUESTION (Check One)

Detection of CAD

Determine Significance of CAD in:
_____ LAD _____ LCX _____ RCA

Post-Myocardial Infarction
Determine Extent of Peri-Infarction

Detection of Restenosis/Graft Occlusion in:
_____ LAD _____ LCX _____ RCA

Evaluation of Medical Therapy

Detection of Viable Myocardium

Detection of Acute Ischemia or Infarction

STUDY REQUESTED (Check One)

Maximal or Submaximal Exercise Stress Test
Substitutes pharmacologic stress if target exercise not
achieved or LBBB present: _____ Yes _____ No

Dobutamine Stress Test

Vasodilation (Adenosine/Regadenoson/Dipyridamole)
Stress Test Substitute exercise or Dobutamine stress if
caffeinated substances have been ingested?
_____ Yes _____ No

Rest/Delay Tl-201 Study for viable Myocardium

Rest Tc-99m Sestamibi Study for Acute Chest Pain

Comment/Special Instructions

Physician Signature _____

For Scheduling, please call 314-454-8945.

Please FAX this form to 314-362-1032 after patient's examination has been scheduled.

If the signed form is received by the Division of Nuclear Medicine prior to the study, It will serve as
a substitute for the standard requisition.