

Heart & Vascular Institute

NUCLEAR AND REGULAR STRESS TEST & ECHOCARDIOGRAM ORDER SHEET

Patient Name _____

Ordering Physician _____

Phone _____

Primary Care Physician _____

Date _____

Medications _____

Call Schedule First to schedule an appointment: 443-843-7000 or 800-301-4799

Hold Medications? Yes No Can Patient Exercise? Yes No Height _____ Weight _____ lbs.

Nuclear Myocardial Perfusion Scan

Regular stress test

_____ Treadmill stress (able to reach 85% of maximal heart rate:
[220- age X 0.85])

Chest pain (symptoms)
 Other _____

----- Pharmacologic stress

Check all indications for nuclear perfusion scan that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Chest pain (symptoms)
w/positive or indeterminate ETT | <input type="checkbox"/> Intermediate risk surgery: Pre-op
predictor if regular ETT \leq 4 METS | <input type="checkbox"/> Anomalous coronary circulation |
| <input type="checkbox"/> Documented CAD (worsening
symptoms) | <input type="checkbox"/> Calcium Score > 400 | <input type="checkbox"/> Ischemic cardiomyopathy |
| <input type="checkbox"/> Suspected MI | <input type="checkbox"/> VT with high CAD risk | <input type="checkbox"/> High risk surgery: Minor pre-op
predictor poor exercise tolerance |
| <input type="checkbox"/> New onset of CHF | <input type="checkbox"/> Cardiotoxic chemotherapeutic drug
evaluation | <input type="checkbox"/> High risk profession |
| <input type="checkbox"/> Post CABG (\geq 3 years) | <input type="checkbox"/> Chest pain (symptoms) w/abnormal
ECG or LBBB | <input type="checkbox"/> MUGA: non-diagnostic
echocardiogram |
| <input type="checkbox"/> Post PCI (\geq 3 years) | <input type="checkbox"/> Positive cath w/lesions of unknown
significance | <input type="checkbox"/> New onset atrial fibrillation- moderate
to high risk |
| <input type="checkbox"/> Asymptomatic patient w/documentated
CAD (> 2 years since last nuclear
study) | | |

Other**: _____

** (Regular stress test may be substituted based upon ACC/Medicare guideline compliance)

Echocardiogram (2D echo, Doppler, color flow)

Check all indications that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Ventricular function and
cardiomyopathies | <input type="checkbox"/> Cardiac thrombus and embolic
sources | <input type="checkbox"/> Cardiac tumors & masses |
| <input type="checkbox"/> Myocardial infarction | <input type="checkbox"/> Arrhythmias _____ | <input type="checkbox"/> Cardioversion/ablation |
| <input type="checkbox"/> Exposure to cardiotoxic
agents/chemotherapy | <input type="checkbox"/> Hypertensive heart disease/
hypertrophic cardiomyopathy | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Native valvular heart disease | <input type="checkbox"/> Prosthetic valves | <input type="checkbox"/> Post-heart surgery _____ |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Pericardial disease | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Aortic pathology | <input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> Diastolic dysfunction |
| | | <input type="checkbox"/> Pulmonary hypertension/pulmonary
embolism |

Other**: _____

** May not meet insurance guidelines and patient may be liable

Physician Signature _____

Date _____

Appointment date: _____ Appointment time: _____ Location: _____

General instructions:

- * Wear loose clothing and garments with short sleeves
- * Do not wear lotions or powder the day of your test.
- * For all stress tests, no smoking and anything to eat/ drink other than plain water for 4 hours prior to your scheduled test time.
- * For Nuclear Stress Test, no caffeine/cafiendated products for 24 hours prior to your scheduled test time, including decaf beverages.
- * Additional instructions will be given when you schedule your appointment through ScheduleFirst.

DIRECTIONS:

