

Please fill the following information out completely:

CARDIAC NUCLEAR STRESS STRESS ECHOCARDIOGRAM

115 Blarney Dr. Suite 101 • NE Medical Park • Columbia, SC 29223 • Phone: 803-419-4235 • Fax: 803-419-4236

Patient Name:			
Phone:			
Referring Physicia	n:	Preferred Reading Physician:	
DOB:	Height:	Weight:	
Insurance:		(Please fax copy of face sheet)	
Auth. Number (re	equired):		
Date and Time of e	exam:		
Nuclear Ca	ardiology:		
O Exercise	e Nuclear Stress Tes	st — nuclear imaging with treadmill exercise to assess for prior alculate ejection fraction - exam time 3-4 hours	· infarct, reversibility,
	0	tress Test — nuclear imaging as above, but with a pharmacophysical exercise - exam time 3-4 hours	logical stress agent for
O MUGA min.	scan — tagged red bloom	od cell scan to assess ventricular function and calculate ejection	fraction- exam time 90
O Exercise	e Treadmill Test (no	on-nuclear) — exam time 1 hour.	
	ocardiogram: nill or O Dobutami	ine – exam time.1 hour	
Diagnosis o	or Reason for ex	xam:	
 Patient mappointme Patient sh If patient shoes. If patient Diabetic patient sh 	ust refrain from ANY caff ent. Please also refrain fro nould bring a list of all pres is scheduled for exercise t is taking beta-blocker med patients should take insuling tould be aware that some to	Nuclear Studies & Stress Echoes: feine products ie. (coffee, soda, tea, etc.) at least 12 hours prior om eating the morning of exam. escription medications they are currently taking. treadmill test, please wear comfortable loose-fitting clothing an edications, discontinue use 24 hours prior to test as instructed by in on regular schedule. tests will take 3-4 hours to complete. 1hour for Stress Echoes.	nd tennis/jogging type
Physician's Sig	gnature:	Date:	

IS PATIENT AWARE OF PREP?

