**JABATAN PERUBATAN NUKLEAR**
**INSTITUT KANSER NEGARA**
Pusat Pentadbiran Kerajaan Persekutuan
Presint 7,62250, Putrajaya

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**: 03-88925555 (ext: 3118/5406)**
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# REQUEST FOR MYOCARDIAL PERFUSION STUDY

**ATTENTION: RADIOISOTOPE STUDY WILL NOT BE PERFORMED IN PREGNANT WOMAN**

| **Patient's Name:** | | **Gender: Male / Female** | **Ethnic Group:** |
|---|---|---|---|
| **IC Number:** | **Date of Birth:** | **Age:** | **Contact No:** |
| **Address:** | | | |

**Patient's Medical History:**

**Indication:** ☐ **Normal Appointment** ☐ **Urgent**

***Please √ in one of the most appropriate box:***

- ☐ Detection of CAD : Symptomatic
- ☐ Detection of CAD / Risk Assessment : Asymptomatic / Without ischemic equivalent
- ☐ Risk Assessment : Preoperative evaluation for non-cardiac surgery
- ☐ Risk Assessment : Assessment of medical therapy in known CAD
- ☐ Risk Assessment : After an acute coronary syndrome
- ☐ Risk Assessment : Post-revascularization (PTCA or CABG)
- ☐ Evaluation of myocardial viability:

**1. Does this patient have the following?**

- ☐ H/O prior infarction. If yes, any thrombolytic agent given before? ☐ NO / ☐ YES: If yes, please state the date:
- ☐ ECG changes? ☐ NO / ☐ YES : If yes, please specify:

**Total Cholesterol:**
**TG:**
**HDL:**
**LDL:**

**2. Previous echocardiography done:** ☐ NO / ☐ YES : If yes, the last done on:

Findings:

EF__________%

**3. Previous exercise stress test done:** ☐ NO / ☐ YES : If yes, the last done on:

Result: ☐ Positive Stress Test ☐ Normal Stress Test ☐ Inconclusive ☐ Not known

**4. Previous Coronary angiography done:** ☐ NO / ☐ YES : If yes, the last done on:

Findings:

**5. History of PTCA or CABG:** ☐ NO / ☐ YES : If yes, the last done on:

Results:

**6. List of Current Medications:**

**Date of Referral:**

**Date of next PC/Cardiology Clinic Appointment:**

| **Signature of Requesting Doctor & Official Stamp:** | **Signature of Requesting Specialist & Official Stamp:** |
|---|---|
| Name: | Name: |
| Department: | Department: |
| Contact No: | Contact No: |
| **APPOINTMENT DATE FOR MYOCARDIAL PERFUSION SCAN:** | **PATIENT PREPARATION:** |
| **DATE:** **TIME:** | Advice patient to bring all their current medications for verification prior taking the appointment and to be used during the procedure day. |

******Appointment date will only be given upon completion of the request form.***