Alberta Health Services

Myocardial Perfusion Imaging (MPI) Multi-Gated Acquisition (MUGA) and 99m Technetium-Pyrophosphate Imaging Requisition

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown		

Nuclear Cardiology Foothills Medical Centre Tel: 403.944.1507 Fax: 403.944.2016
South Health Campus Tel: 403.956.2600 Fax: 403.956.2645

Height _____ cm	Contact Number	Referral Date *(dd-Mon-yyyy)*
Weight _____ kg	Appointment Date *(dd-Mon-yyyy)*	Time *(hh:mm)*

Referral Information

Have you asked your patient to hold anti-ischemic medications? ☐ Yes ☐ No

Does your patient have?

Diabetes	☐ Yes	☐ No	Asthma	☐ Yes	☐ No	Pacemaker	☐ Yes	☐ No
ICD	☐ Yes	☐ No	CABG	☐ Yes	☐ No	PCI/Stents	☐ Yes	☐ No

Tests Requested

☐ MPI Stress test
- ☐ Exercise
- ☐ Pharmacologic
- ☐ 2 day MIBI *(for patients greater than 300 lbs / 135 kg)*

☐ Rest Viability only

☐ 99m Technetium-Pyrophosphate Imaging *(for ATTR Cardiac Amyloidosis)*

☐ MUGA *(rest only)*

Indications

☐ Assess Myocardial Ischemia/Infarction/Viability/Left Ventricular systolic function
☐ Global Cardiac Risk stratification
☐ For Diagnosis of ATTR Cardiac Amyloidosis
☐ Pre-op risk assessment for non-cardiac surgery
☐ Abnormal Exercise Stress Test
☐ Assess Left Ventricular Ejection Fraction

Is your patient?
☐ Asymptomatic
☐ Symptomatic
- ☐ Chest Pain ☐ Yes ☐ No
- ☐ Dyspnea ☐ Yes ☐ No
- ☐ Other *(specify)* _____

Character *(circle one)*
typical atypical non-cardiac

Frequency *(circle one)*
daily weekly monthly

Escalating ☐ Yes ☐ No

Pretest likelihood of CAD *(check one)*
(based on age, sex +/- symptoms)
☐ Very Low
☐ Low
☐ Intermediate
☐ High
☐ Known CAD

Provisional Diagnosis/Additional History

Referring Physician Information

Last Name	First Name	Specialty	
Signature	Phone	Fax	Prac ID
Family Physician	Copy Reports to		