


# NUCLEAR CARDIOLOGY – BELLEVILLE SITE ONLY

 <p><b>Exceptional Care Inspired by You</b></p> <p><b>QHC-BG</b> 265 Dundas St. E Belleville, ON K8N 5A9</p> <p><b>QHC-PECM</b> 403 Main St. E Picton, ON K0K 2T0</p>	<p><b>QHC-TM</b> 242 King St Trenton, ON K8V 5S6</p> <p><b>QHC-NH</b> 1-H Manor Lane Bancroft, ON K0L 1C0</p>	<p>Ordering Physician Name (Please Print)</p> <p>Ordering Physician Signature</p> <p>Copy to:</p> <p>Date:</p>	<p>Name:</p> <p>DOB:</p> <p>HCN:</p> <p>Address:</p> <p>Home Phone</p> <p>Cell Phone:</p>
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**PLEASE FAX REQUISITIONS TO (613) 969-1307  
A BOOKING WILL NOT BE MADE UNLESS THE REQUISITION IS COMPLETE.**

**Myocardial Perfusion Scan**

Exercise                     
  Dipyridamole                     
  Dobutamine                     
  Viability

<b>Clinical Indications</b>	<b>Weight:</b>
	<b>Height:</b>

<p><b>Relevant History (Check all that apply.)</b></p> <p>MI ...date: _____</p> <p>CABG</p> <p>Angioplasty</p> <p>Cardiomyopathy</p> <p>Arrhythmia/Pacemaker, specify: _____</p> <p>LBBB</p>	<p>COPD</p> <p>Recent PFT</p> <p>Recent EST? If yes, please fax results.</p> <p>Stroke/TIA, when? _____</p> <p>Asthma</p> <p>Diabetes</p>
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<b>Allergies (Please list.)</b>	<b>Current Medication List:</b>
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<p><b>Dept Use Only</b></p> <p>Exercise (Side A)</p> <p>Thallium Modified Ex. Dip (Side B)</p> <p>Two Day Dip (Side B)</p> <p>Same Day Dobutamine (Side A)</p> <p>Date Requisition Received: _____</p>	<p><b>Note:</b></p> <p><b>Patient preparation is essential.</b></p> <p><b>Please ensure your patient receives and understands the Nuclear Medicine Cardiac Instruction Sheet.</b></p> <p>Appt Date: _____</p> <p>Appt Time: _____</p> <p>Follow Instruction Side: <b>A</b> <span style="float: right;"><b>B</b></span></p>
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