

Patient's current medication list:

Jabatan Perubatan Nuklear Hospital Sultanah Aminah Johor Bahru Tel:07-2231666 Ext 2060



Nuclear Cardiology Request Form form without the following information will be returned back)

	•				
Date of referral		Clin	ic/Hospital		
Name					
IC Number		Age			
Address		Weig	ght/Height	kg	cm
		Gend		M /	F
		Cont	tact no.		
Indication (Please tick) 1. PHARMACOLOGICAL STRESS/REST MYOCARDIAL PERFUSION STUDY - to assess for myocardial ischemia a. Detection of CAD: Symptomatic b. Detection of CAD / Risk assessment: Asymptomatic / without ischemic equivalent c. Risk assessment with prior test results and /or known chronic stable CAD d. Risk assessment: preoperative evaluation for non-cardiac surgery/ after an acute coronary syndrome/ post revascularization (PTCA/CABG) 2. PHARMACOLOGICAL STRESS/REST MYOCARDIAL PERFUSION WITH CORONOARY FLOW RESERVE STUDY a. To assess for myocardial ischemia and microvascular disease (latest angiogram results required) 3. REST ONLY MYOCARDIAL PERFUSION STUDY — to assess myocardial viability a. Eligibility for revascularization/ Known LV dysfunction (systolic / diastolic) 4. MUGA STUDY — to assess left ventricular function a. To evaluate the baseline cardiac function (LVEF) in patients planning for chemotherapy b. Part of serial evaluation of cardiac function (LVEF) following a baseline study in patients undergoing chemotherapy c. Others: to evaluate patients at risk of cardiomyopathy. Please specify: 5. OTHERS - Assessment for cardiac amyloidosis/ LV dyssynchrony (Please discuss for appointment) Patient's Medical History (detailed history of underlying medical illness & recent admissions):					
		ory of underlying medic			UG∆ studv
*Latest FLP results done	e on:		* no	ot required for M	
*Latest FLP results done TChol: mmol/	e on: L	mmol/L HDL:	* no mmol/L	ot required for M	UGA study mmol/L
*Latest FLP results done TChol: mmol/ If chest pain is one the s Typical Angina/ Atypical	e on: L LDL: symptoms noted in al Angina/ Non-ang	mmol/L HDL: the clinical history, kir ginal chest pain/ NIL	* no mmol/L ndly define type If	ot required for M TG: of chest pain yes - CCS 1/11	mmol/L
*Latest FLP results done TChol: mmol/ If chest pain is one the s	e on: L LDL: symptoms noted in al Angina/ Non-ang	mmol/L HDL:	* no mmol/L ndly define type If	ot required for M TG: of chest pain yes - CCS 1/11.	mmol/L
*Latest FLP results done TChol: mmol/ If chest pain is one the s Typical Angina/ Atypical Previous exercise stress Results: Positive	e on: L LDL: symptoms noted in al Angina/ Non-angulatest done: Inconclusive	mmol/L HDL: the clinical history, kir ginal chest pain/ NIL Yes, done on Negative	* no mmol/L ndly define type If	ot required for M TG: of chest pain yes - CCS 1/11	mmol/L
*Latest FLP results done TChol: mmol/ If chest pain is one the s Typical Angina/ Atypical Previous exercise stress Results: Positive Previous echocardiograp	e on: L LDL: symptoms noted in al Angina/ Non-angina/ Non-angina/ Non-anginal non-angina	mmol/L HDL: the clinical history, kir ginal chest pain/ NIL Yes, done on Negative Yes, done on	* nommol/L indly define type If If Not known	ot required for M TG: of chest pain yes - CCS 1/11	mmol/L
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*Latest FLP results done TChol: mmol/ If chest pain is one the s Typical Angina/ Atypical Previous exercise stress Results: Positive Previous echocardiograp Findings:	e on: L LDL: symptoms noted in al Angina/ Non-angular test done: No Inconclusive phy done: No No No No No No No N	mmol/L HDL: the clinical history, kir ginal chest pain/ NIL Yes, done on Negative Yes, done on Yes, done on	* no mmol/L indly define type If Not known EF:%	ot required for M TG: of chest pain yes - CCS 1/11.	mmol/L

What would your management plan be after this Myocardial Perfusion	on /Coronary Flow Reserve/Viability				
Study?					
☐ a. Diagnostic coronary angiography ± revascularization					
☐ b. Revascularization procedure (PTCA/CABG)					
☐ c. Continue with medical management					
☐ d. Observe and monitor without medication					
☐ e. Other diagnostic modality – CTA / Cardiac MRI / Cardi	ac PET				
PREPARATION FOR PHARMACOLOGICAL STRESS/REST MYOC CORONARY FLOW RESERVE STUDY	CARDIAL PERFUSION SCAN &				
1. Please advice patients to stop consuming the following medication prior to the scan:					
• Theophylline (12 hours)					
• Aminophylline (12 hours)					
• Beta blockers (24 hours)					
• Calcium channel blockers (24 hours)					
• Dipyridamole (48 hours) 2. On the day of the study, the following medication should be withheld, exc	eant in amarganay cituations:				
 Isosorbide mononitrate (ISMN) 	ept in emergency situations.				
Isosorbide dinitrate					
Nitroglycerin (GTN)					
• Nitrates (transdermal patches)					
3. Patient has to fast 4 to 6 hours prior to the scan and should avoid consuming					
such as coffee, tea, Milo, chocolate drinks and etc. for atleast 12 hours pri	or to the study.				
4. Patient must stop smoking 24 hours prior to the study.5. Patient should be accompanied by an adult family member whenever poss	ible Children less than 12				
years of age and pregnant family members are advised not to accompany					
radiation exposure.					
6. All asthmatic patients are advised to bring along their inhalers.					
7. Patient must bring along 4 packets of 250ml soy milk/full cream milk and					
meals (fried rice/fried noodles/Nasi Lemak /cream buns, etc) to be taken a	fter the stress and rest				
procedures.					
PREPARATION FOR REST ONLY MYOCARDIAL PERFUSION ST	UDY				
1. Patient may have a light breakfast prior to the study.					
2. Children less than 12 years of age and pregnant family members are ad	vised not to accompany the patient				
to avoid unnecessary radiation exposure	1.0:1: /0:1				
3. Patient must bring along 2 packets of 250ml soy milk/full cream milk and a heavy meal (fried rice/fried					
noodles/Nasi Lemak /cream buns, etc) to be taken after the rest study.					
PREPARATION FOR MUGA STUDY					
1. Referring doctor will need to provide a detailed medical history wi					
chemotherapy, radiotherapy and targeted therapy patient is on. Latest echocardiography results need to be					
provided if it has been performed.					
2. Patient may have a light breakfast prior to the study. 3. Please advise patients to stop the following drugs for 24-72 hours be	fore the scan as they may interfere				
3. Please advise patients to stop the following drugs for 24-72 hours before the scan as they may interfere with our radiolabelling process: Calcium channel blockers (verapamil), Propranolol, Nitrates					
(nitroglycerin), Prazosin, Methyldopa, Hydralazine, Digoxin, Quinidine					
Signature of requesting Cardiologist/ Physician	APPOINTMENT REQUEST				
(with official stamp)	☐ URGENT (to be discussed with				
	nuclear medicine medical officer or				
	specialist in charge)				
	•				
Name :	□ NON URGENT				
Department and Hospital:					
1					
FOR OFFICE USE:					

FOR OFFICE USE : VETTED BY : _____DATE : ____

COMMENTS: