



Health Sciences Centre
Winnipeg

WRHA ADULT CARDIOLOGY PROGRAM

CARDIAC INVESTIGATION REQUEST
STRESS LAB / NUCLEAR MEDICINE

PATIENT'S ADDRESS _____
STREET

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE # _____
HOME _____ OFFICE _____

DATE _____

HSC NO. _____

PATIENT _____

DOB _____

PROV HC# _____

DOCTOR _____

CLINIC/UNIT _____

LOC'N _____

Clinic F - Cardiac Stress Lab
Rm GD157
Appts: (204) 787-3181
Fax: (204) 787-7209

REST MUGA ONLY
Clinic F - Nuclear Medicine
Rm GD157
Appts: (204) 787-3375
Fax: (204) 787-3090

STRESS LAB / NUCLEAR MEDICINE

GRADED EXERCISE TEST

- Symptom Limited
- Submaximal

TILT TABLE

MYOCARDIAL PERFUSION & FUNCTION
(GATED SPECT)

- EXERCISE *
- DIPYRIDAMOLE *
- DOBUTAMINE*
- VIABILITY

MUGA

- REST
- EXERCISE

*** MUST BE CAFFEINE FREE FOR 24 HOURS**

CLINICAL DATA

WEIGHT (kg) _____

CHEST PAIN TYPICAL ANGINA ATYPICAL ANGINA NON-ANGINAL CHEST PAIN

MYOCARDIAL INFARCTION (Location: _____)

MEDICATION: _____

SIGNATURE

SEND REPORT TO:

NAME _____

(PLEASE PRINT) ADDRESS _____

TELEPHONE # _____ FAX # _____

FOR DEPARTMENT USE

| Pharmaceutical | Activity | Route | Site | Date | Time | Technologist |
|----------------|----------|-------|------|------|------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Tech Comments: _____

Preliminary Report: _____