North Shore Radiology & Nuclear Medicine

SESTAMIBI / MYOCARDIAL PERFUSION IMAGING

Patient Name: DOB:

BOX A: STUDY TYPE

☐ **Stress** (treadmill exercise)	☐ **Persantin / pharmacological** (note contraindicated in moderate/severe asthma)	☐ **Dobutamine** (done only at RNSH)

For MBS eligibility, **BOTH** box B & C must be ticked

BOX B: CLINICAL INDICATION

☐ **Preoperative assessment** in patients with at least ONE of: IHD, prior AMI, CCF, CVA/TIA, renal dysfunction (Cr > 70umol/l), diabetic on insulin

☐ **Suspected angina**	☐ **Post congenital heart surgery**
☐ **Known CAD with suspected ischaemia**	☐ **Abnormal resting ECG** suggesting ischaemia
☐ **Lesion shown on CTCA or angiography**	☐ **Suspected painless ischaemia**
☐ **Quantify extent/severity of known CAD**	☐ **Viable myocardium assessment**

☐ Suspected perfusion abnormality in patients with **language or cognitive barrier**

BOX C: REASON MPI PREFERRED | MPI preferred over stress echo due to:

☐ **Unlikely to exercise adequately**	☐ **Body habitus**/physical condition(s) which could limit echo
☐ Prior **failed** stress echo	☐ **Abnormal heart rhythm** which could limit echo

* Note that MBS reimbursement is offered only **ONCE** per 2 years (twice per 2 years post revascularisation procedures)

BOX D: MEDICATION PREPARATION For this patient, please:

Withhold cardiac medications ☐ β blockers 48hrs ☐ Ca^{2+} blockers 24hrs ☐ β blockers 24hrs ☐ Nitrate AM of test	☐ **Do not withhold cardiac medications**	☐ **Other (specify):**

Clinical Notes:

Referrer name (specialist): Provider no:

Ph: Fax: Signature: Date: / /

Address: CC report: