

**THE UNIVERSITY HOSPITAL
NUCLEAR MEDICINE ORDER FORM**

**Scheduling desk: 4-2287
Evening shift tech pager: 249-0965**

Rest sestamibi scan

Leave this completed form at bedside

(please check appropriate boxes):

Patient is: ☐ male ☐ female

If female:

Is patient pregnant? ☐ yes ☐ no

This information was confirmed by:

☐ patient testimony

☐ pregnancy test

Is the patient breast feeding:

☐ yes ☐ no

Requesting physician (required):

(signature)

(date)

(printed name and credentials)

Pager # _____

Emboss

NUCLEAR CARDIOLOGY ORDER FORM

Scheduling desk: In-patient: 4-3053

Scheduling desk: Out-patient: 4-3057

Exercise Nuclear Study

Fax this completed form to: 4-3263

Type of study (check one)

☐ Treadmill

☐ Dipyridamole/Lexiscan

☐ Dobutamine

Where is the patient located: _____
(unit/area)

Requesting physician (required):

(signature)

(date)

(printed name and credentials)

Pager # _____

**This section is completed by the Nuclear Medicine
technologist or Radiology resident.**

The patient was injected at _____
(time, military)

on _____ by _____
(date)

(name)

☐ during chest pain

☐ _____ minutes or _____ hours following chest pain.

☐ pain subsided prior to ED treatment

☐ pain subsided after ED treatment of:

☐ nitroglycerin

☐ morphine

☐ aspirin

☐ other _____