

BC Nuclear Cardiology Referral Form

Priority (Required: to be filled out by ordering physician) (See back of referral form)

- Scheduled : 14 days
 Urgent: 3 days
 Emergency: 24 hrs (Required: physician to call the Nuclear Medicine physician)

Name: _____
 Address: _____

 Phone #: _____
 PHN #: _____
 DOB: _____
 In-patient unique # _____
 Out-patient _____ In-patient _____ Ward _____
 MSP ICBC WCB Other

Please fax or mail completed requisition to the Nuclear Medicine Dept.
 Patients who do not speak English must come with an interpreter.

Appointment Date: _____ Time: _____

Essential Pre-exam Information

Height: _____ Gender (circle) Male Female Other Claustrophobic: YES NO
 Weight: _____ Pregnant: YES NO Diabetic: YES NO
 Allergies: _____ Breast Feeding: YES NO Infection control Precautions: YES NO
 (Circle) MRSA VRE Other

Exam Requested	Reason for Ordering Exam (REQUIRED)	Symptom Complex	Medications
<input type="checkbox"/> Myocardial Perfusion Imaging (MPI) <input type="checkbox"/> Proceed with Calcium Scoring if criteria are met <input type="checkbox"/> Multi-gated acquisition study (MUGA)	<input type="checkbox"/> Diagnosis of coronary artery disease <input type="checkbox"/> Evaluation of severity of coronary artery disease <input type="checkbox"/> Risk Stratification- post MI/preoperative/multiple risk factors <input type="checkbox"/> Assessment of acute chest pain <input type="checkbox"/> Evaluation of myocardial viability <input type="checkbox"/> Calculation of left ventricular ejection fraction <input type="checkbox"/> Calculation of right ventricular ejection fraction	<input type="checkbox"/> Angina <input type="checkbox"/> Atypical chest pain <input type="checkbox"/> SOBOE <input type="checkbox"/> Heart failure <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Assessment for ICD <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Beta Blockers <input type="checkbox"/> Digoxin <input type="checkbox"/> Calcium Channel blockers <input type="checkbox"/> ACE Inhibitors <input type="checkbox"/> Nitropatch/paste <input type="checkbox"/> Erectile dysfunction medication
Contra-indications to exercise testing	<input type="checkbox"/> Inability to walk on treadmill <input type="checkbox"/> MI within 48 hrs <input type="checkbox"/> Unstable arrhythmias <input type="checkbox"/> Unstable angina <input type="checkbox"/> Severe symptomatic aortic stenosis <input type="checkbox"/> Acute pulmonary embolism <input type="checkbox"/> Acute myocarditis <input type="checkbox"/> Acute pericarditis <input type="checkbox"/> LBBB <input type="checkbox"/> Systolic B/P > 200 mmHg	<input type="checkbox"/> Previous study? Where _____ When _____	
Contra-indications to Persantine	<input type="checkbox"/> Asthma or severe active bronchospasm <input type="checkbox"/> Ability to walk 2 blocks (should have exercise test) <input type="checkbox"/> MI within 48 hrs <input type="checkbox"/> Unstable angina <input type="checkbox"/> Allergy to Persantine <input type="checkbox"/> Hypotension (systolic BP <90)		

Ordering Physician or NP (Not resident/fellow)

Name: _____ Signature: _____
 Billing number: _____
 Contact number for critical results: (mandatory) _____
 Address where results should be sent (mandatory) _____ Copies to: _____

INTERNAL USE ONLY:

Date requisition received: _____ Time: _____ Date appointment booked: _____ Time: _____
 Date completed: _____

Priority Definitions for Access Targets

Procedure	Emergency cases	Urgent cases	Scheduled cases
Cardiac nuclear imaging (perfusion; viability; LV function) (SPECT or PET)	Immediate to 24 h	Within 3 days	Within 14 days
Emergency = immediate danger to life, limb or organ; Urgent = Situation that is unstable and has the potential to deteriorate quickly and result in an emergency admission; Scheduled = Situation involving minimal pain, dysfunction or disability (also called "routine" or "elective"). Unless specified, time refers to calendar days between decision to treat by specialist and the day treatment is received.			

Reference Values for LVEF				
(different for MPI and MUGA)				
	Normal	Mild Dysfunction	Moderate Dysfunction	Severe Dysfunction
MPI	≥ 55	45-54	30-44	<30
MUGA	≥ 50	40-49	25- 39	<25
Reference Values for RVEF				
Ejection Fraction (%)	Normal ≥ 45%			

<u>4 Hour Fasting Tests</u>	<u>Tests Requiring SPECIAL instructions</u>	<u>Tests that may be completed over 1 or 2 days</u>
Myocardial Perfusion Imaging Diabetics may eat a light meal	Myocardial Perfusion Imaging: No foods or beverages containing caffeine for 24 hours prior to test. Medications as per physician/NP's instructions	Myocardial Perfusion Imaging

Health Authority Nuclear Medicine Department Contact Information

Fraser Health	ARHCC 32900 Marshall Rd T: 604-851-4868 Fax: 604-851-4904	Burnaby 3935 Kincaid St T: 604-412-6125 Fax: 604-412-6182	Surrey: JPOCSC 9750 140 th St T: 604-588-3308 Fax: 604-582-3766	Peace Arch 15521 Russell Av White Rock T: 604-535-4584 Fax: 604-541-5862	New Westminster: Royal Columbian T: 604-520-4436 Fax: 604-520-4444	Surrey Memorial Hospital 13750- 96 th Ave
Northern Health	Fort St. John, 8704 112 Avenue T; 1- 250- 262-5200, Fax:1- 250- 262-5294	Prince George: University Hospital of Northern BC: 1475 Edmonton St T: 1-25-565-2405 Fax 1-250-565-2414			Terrace : Mills Memorial Hospital 4720 Haugland Ave T: 1-250-638-4093	
Interior Health	Cranbrook 13 24th Avenue T:1- 250- 426-5281 Fax:	Kamloops 311 Columbia Street, T: 1-250- 3314--2400 Fax:	Kelowna 2268 Pandosy T: 1-250- 862- 4000 Fax:	Trail 1200 Hospital Bench T: 1-250- 368-3311 Fax:	Vernon 2101 32nd Street, T: 1-250- 545-2211 Fax:	
Vancouver Coastal Health/PHC	Lions Gate 231 East 15th Ave, North Vancouver T: (604) 984 5780 Fax: (604) 984-5781	Richmond 7000 Westminster Hwy, T: 604 244 5104 ext 5 Fax: 604 244-523	St Pauls: 1081 Burrard St T: 604-806-8008 Fax: 604-806-8075	University of BC 2211 Wesbrook Mall, Vancouver T:(604) 875-5369 Fax: (604) 875-5009	Vancouver General Hospital 855 West 12th Ave, Vancouver, T: (604) 875 5369 Fax: (604) 875 5009	
Vancouver Island Health	Nanaimo HF Clinic Room 1006 Main Floor 1200 Dufferin Crescent T: 250-755-6207 or 250-740-6926 (HFC) Fax:	Royal Jubilee Hospital Will add info once received from site	Mt St Joseph's (Will add info once received from site Comox)	Victoria General Hospital Will add info once received from site		