PET SCAN ORDER FORM

8635 WEST THIRD ST #355W, LOS ANGELES, CA 90048 • (323)655-7610 • FAX: (888) 808-0270

PATIENT INFORMATION

Name:_____Height_____'_____" Weight_____(lbs)
Last Name First Name DATE OF BIRTH

Cell Phone: _____Patient Insurance ☐ Medicare ☐ Private Insurance

TEST ORDERED

CARDIAC PET SCAN: PET Rubidium (RB82) ☑ Myocardial blood flow/myocardial reserve ☑ MARK FOR STAT ☐

CARDIAC RISK FACTOR

- ☐ Hypertension
- ☐ Diabetic
- ☐ High Cholesterol
- ☐ Smoke
- ☐ Family History of Heart Disease
- ☐ Coronary Artery Disease (CAD)
- ☐ History of Seizures

MEDICAL HISTORY

- ☐ Heart Attack (MI) _____ Date
- ☐ Angiogram (CATH) _____ Date
- ☐ Angioplasty (PCI) _____ Date
- ☐ Open Heart Surgery (CABG) _____ Date
- ☐ Pacemaker _____ Date
- ☐ COPD
- ☐ Asthma
- ☐ Afib
- ☐ ASCVD
- ☐ Congestive Heart Failure (CHF)
- ☐ Fatigue
- ☐ Pre-OP Evaluation _____ Surgery Date
- ☐ Previous Stress Test _____ Date & Location, if known
- ☐ ABNORMAL EKG
- ☐ Sleep Apnea

PATIENT INSTRUCTIONS AND MEDICATIONS INFORMATION

Is your patient currently taking?

Calcium Blockers? ☐ Yes ☐ No If YES, name of drug(s):_____
Withhold 24 hours? ☐ Yes ☐ No If NO, instructions:_____

Beta Blockers? ☐ Yes ☐ No If YES, name of drug(s):_____
Withhold 48 hours? ☐ Yes ☐ No If NO, instructions:_____

Theophylline Product? ☐ Yes ☐ No If YES, name of drug(s):_____
Withhold 24 hours? ☐ Yes ☐ No If NO, instructions:_____

Methylxanthines Product? ☐ Yes ☐ No If YES, name of drug(s):_____
Withhold 24 hours? ☐ Yes ☐ No If NO, instructions:_____

Dipyridamole Product? ☐ Yes ☐ No If YES, name of drug(s): **Examples: Persantine, AGGRENOX**
Withhold 72 hours? ☐ Yes ☐ No If NO, instructions:_____

Nitrates Product? ☐ Yes ☐ No If YES, name of drug(s):_____
Withhold_____hours? ☐ Yes ☐ No If NO, instructions:_____

☐ Do ☐ Do Not continue to take all other medications Comments:_____

ICD-10 INDICATION FOR TEST**REQUIRED

Referring MD: _____

Appointment Date:_____ at _____ am/pm