



MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.



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SESTAMIBI
PROCEDURE REQUISITION

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_
DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Referring MD: \_\_\_\_\_

- Functional Assessment
Dipyridamole Study
If Target heart rate not reached use Dipyridamole
Rest
with limited exercise

Indications for study:

- Abnormal electrocardiogram
Left bundle branch block
Atrial fibrillation
Mitral Valve Disorder
Angina Pectoris
Myocardial Infarction old/past/healed
S/P CABG or S/P PTCA
Positive Stress Test
Chest pain (unable to walk)
Right bundle branch block
Congestive Heart Failure
Tricuspid Regurgitation
Coronary Artery Disease
WPW

Previous Cath Date: \_\_\_\_\_ CABG Date: \_\_\_\_\_ Coumadin: \_\_Y \_\_N

Current Medications: \_\_\_\_\_

- Hold beta blocker
On Meds
24 hours
48 hours
Signature \_\_\_\_\_