

CARDIAC PERFUSION SCAN



Name _____ X-ray # _____ Date _____

Please describe any problem that led to this exam:

1. Did you ever have a heart attack? _____ yes ___ no
2. Do you have any history of hypertension? _____ yes ___ no
3. Do you have any history of diabetes? _____ yes ___ no
4. Do you smoke? _____ yes ___ no
5. Have you had any chest pain in the last month? _____ yes ___ no
6. Do you have chest pain while resting? _____ yes ___ no
7. Do you have chest pain while exercising? _____ yes ___ no
8. Have you had a previous heart catheterization? _____ yes ___ no
_____ when? _____ results?
9. Have you had previous heart surgeries? _____ yes ___ no
_____ when?

Injected by:

Rest/time

Stress/time

D. Komor

Pharmacologic

J. Simonds

Lexiscan

P. Peguero

Persantine

S. Hadlick

Dobutamine

S. Marcello

Adenosine