



# CARDIAC IMAGING REFERRAL FORM

To Schedule: (310) 423-8000 - To Fax Orders: (310) 423-0137

Patient preps on reverse. cedars-sinai.edu

## \* Required Fields

\* Patient Name: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ MM/DD/YYYY

\* Patient Phone #: \_\_\_\_\_

Confirmation Number (CSN #): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

☐ **WET READ/Immediate Results Requested** Results Called To: \_\_\_\_\_ Phone Number

Date of Exam: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Exam Time: \_\_\_\_\_ Exam Location: \_\_\_\_\_ See Reverse for Address and Map

MD Name: \_\_\_\_\_ \* MD Phone #: \_\_\_\_\_

\* MD Signature: \_\_\_\_\_ AM/PM

Duplicate Report(s) To: \_\_\_\_\_ Time Signed \_\_\_\_\_ Date Signed \_\_\_\_\_ NPI # \_\_\_\_\_

**Clinical History/Signs/Symptoms/Duration:** \_\_\_\_\_

Does the Patient Have: ☐ Pacemaker ☐ Implanted Defibrillator ☐ Renal Insufficiency ( Cr > 1.5 )

## Exam Requested: (Check all that apply) PHYSICIAN SIGNATURE REQUIRED ON ALL PROCEDURES

### Nuclear Cardiology

Stress Myocardial Perfusion **SPECT**

- ☐ Exercise Stress  
( Pharmacologic if indicated )
- ☐ Vasodilator Stress  
( Adenosine, Regadenoson )

☐ Stress Myocardial Perfusion **PET**  
( Rubidium )

- ☐ Myocardial Viability PET ( FDG )
- ☐ Cardiac Sarcoidosis PET
- ☐ Cardiac Infection PET
- ☐ Pyrophosphate for Amyloid ( PYP )
- ☐ Other: \_\_\_\_\_

### Cardiac CT

- ☐ Coronary Calcium Scan ( CCS )
  - ☐ With Consult
- ☐ Coronary CT Angiogram ( CCTA )
  - ☐ With FFRCT if indicated
- ☐ Pulmonary Vein Imaging
- ☐ Cardiac Anatomic Structure  
Please Specify: ( LV, RV, Pericardium,  
Thrombi, Veins, Masses, etc ):
- ☐ Pre-Valve
  - ☐ Aortic ( TAVR )
  - ☐ Mitral
  - ☐ Tricuspid
- ☐ Post-Valve
- ☐ Other: \_\_\_\_\_

Iodine Contrast Allergy: ☐ Yes ☐ No

### Cardiac MRI

- ☐ Contrast ☐ No Contrast
- ☐ Cardiomyopathy / Myocarditis
- ☐ LV Function and Viability
- ☐ Stress Perfusion ( Vasodilator )
- ☐ Specific Q ( RV, Aorta, Mass,  
Pulmonary Veins, Pericardium )
- ☐ Congenital

Please Provide Details: \_\_\_\_\_

Pacemaker/Defibrillator: ☐ Yes ☐ No

MRI Contrast Allergy: ☐ Yes ☐ No

## Reasons for Test: (Check all that apply)

- ☐ Chest Pain
- ☐ Shortness of Breath
- ☐ Abnormal ECG
- ☐ Coronary Artery Disease
  - ☐ Post MI Evaluation
  - ☐ Post CABG Evaluation
  - ☐ Post PTCA Evaluation

☐ Abnormal Treadmill Test

☐ Other: \_\_\_\_\_

## PATIENT INFORMATION AND PREPARATION INSTRUCTIONS

### NUCLEAR CARDIOLOGY

#### Stress Myocardial Perfusion SPECT or Stress Myocardial Perfusion Rubidium PET

(Approximate visit time: SPECT 3-4 hours; PET 1.5-2 hours):

- Do not eat or drink for 3 hours before your appointment. Drinking water is okay.
- Consult your physician about going off beta blockers for 48 hours and calcium channel blockers 24 hours before your exam.
- Do not eat or drink caffeine products (chocolate, soda, tea, coffee or Excedrin®) for 24 hours before exam. *Note:* Decaffeinated products contain caffeine.
- Bring all your medications or a list of them with doses.
- For SPECT exams, wear a comfortable 2-piece outfit and walking shoes.

#### Myocardial Viability PET (FDG) (Approximate visit time: 3-4 hours):

- Non-Diabetics:** Do not eat or drink for 6 hours before your appointment. Water is okay.
- Non Insulin-Dependent Diabetics:** If you are on *oral diabetes medications*, please do not eat or drink after midnight. Water is okay. Also, if applicable:
  - You may take Metformin (Glucophage®), Pioglitazone (Actos®) and Rosiglitazone (Avandia®) as scheduled.
  - Reduce Sulfonylureas (e.g. Glimepiride, Glipizide, Glyburide) to a half dose on the morning of your study.
  - Do not take Sitagliptin (Januvia®) or Saxagliptin (Onglyza®) on the morning of your appointment.
- Insulin-Dependent Diabetics:** Please follow your normal dietary schedule. Also, as applicable (*Consult with your doctor regarding adjusting the insulin use recommendations below*):
  - Reduce PM doses of insulin glargine (Lantus®) and Levemir® by half the evening before the study.
  - Reduce AM dose of intermediate or long-acting insulin (i.e. NPH, Levemir®, insulin combos, such as 70/30, 75/25, etc.) or Lantus® by half the morning of the study.
  - Take half basal dose of insulin pump on day of study.

**Note:** You should not take the following medications until right before you eat a normal meal: Nateglinide (Starlix®), Repaglinide (Prandin®), Pramlintide (Symlin®), Exenatide (Byetta®), or Liraglutide (Victoza®).

**Cardiac Sarcoidosis PET:** You will be contacted with preparation instructions.

### CARDIAC CT

**Coronary Calcium Scan** (Approximate visit time: 1 hour with consult; 30 minutes without consult):

- No preparations required.

**Coronary CT Angiogram** (Approximate visit time: 2-3 hours):

- Drink plenty of clear fluids, unless on restricted fluids.
- Take medications as prescribed.
- Do not take Viagra®, Cialis® or Levitra® for 48 hours before exam.

### CARDIAC MRI

**Stress Myocardial Perfusion MRI** (Approximate visit time: 3-4 hours):

- Follow the instructions in the Nuclear Cardiology - Stress Myocardial Perfusion SPECT on the left (no special clothing requirement).
- For all other Cardiac MRI exams, there are no preparations.

**Cardiac MRI** (Approximate visit time: 1½ hours):

- Cardiac MRI is safe with joint replacements, coronary stents, ASD/PFO closure devices, sternal wires and most prosthetic heart valves.
- MRI cannot be performed on patients with pacemakers, defibrillators or other implanted electronic devices.
- Patients with a history of other metallic implants, shrapnel or neurosurgical clips are all individually evaluated before MRI.

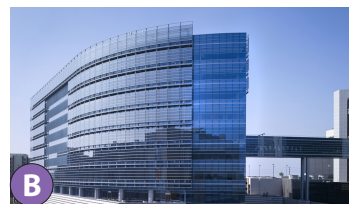


#### S. Mark Taper Foundation Imaging Center

Corner of San Vicente Blvd. & Gracie Allen Dr.

8705 Gracie Allen Drive  
Los Angeles, CA 90048

**Valet and Patient Drop Off in Front;  
Valet and Self-Parking in Lot P4**



#### Advanced Health Sciences Pavilion

127 S. San Vicente Blvd.,  
Suite #A-2500

Los Angeles, CA 90048  
(Imaging on Plaza Level)

**Valet and Self-Parking Available in Lot P4**

