



CARDIAC IMAGING REFERRAL FORM

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

Patient preps on reverse. Exam information: www.cedars-sinai.edu/ImagingPreps

*** 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 _____ Time Signed _____ Date Signed _____ NPI #

Duplicate Report(s) To: _____

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
- Resting Wall Motion / MUGA
(LVEF and RVEF)
- Pyrophosphate for Amyloid

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):

Other: _____

Iodine Contrast Allergy: Yes No

Cardiac MRI with Contrast

- Cardiomyopathy / Myocarditis
- LV Function and Viability
- Stress Perfusion (Vasodilator)
- Specific Q (RV, Aorta, Mass,
Pulmonary Veins, Pericardium)
- Congenital

Please Provide Details:

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.
- Optional cholesterol and sugar tests: fasting for 12 hours preferred.

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.

All Addresses: Los Angeles, CA 90048



A S. Mark Taper Foundation Imaging Center

Corner of San Vicente Blvd.
& Gracie Allen Dr.
8705 Gracie Allen Drive
Valet and Patient Drop Off in Front;
Valet and Self-Parking in Lot P4



B Advanced Health Sciences Pavilion

127 S. San Vicente Blvd.,
Suite #A-2500
(Imaging on Plaza Level)
Valet and Self-Parking
Available in Lot P4

