



Goshen Hospital

Nuclear Medicine
200 High Park Avenue
Goshen, Indiana 46526
(574) 364-2605

Hours of Operation Monday - Friday 6 a.m. – 4 p.m.
To Schedule Please Call (574) 364-2400
Fax Order To (574) 364-2410

Appointment Date and Time: _____

Patient Name _____	Ordering Physician Signature _____
Date of Birth _____ Social Security # _____	Ordering Physician _____
Address _____	
City _____ State _____ Zip _____	Primary Care Physician _____
Telephone # _____	Send Copy To _____
	Fax Results To _____
Primary Insurance _____	
Primary Policy # _____ Group # _____	Diagnosis #1 _____ ICD-10 Code _____
	Diagnosis #2 _____ ICD-10 Code _____
Secondary Insurance _____	Diagnosis #3 _____ ICD-10 Code _____
Secondary Policy # _____ Group # _____	Diagnosis #4 _____ ICD-10 Code _____

NUCLEAR MEDICINE CARDIAC STRESS TEST EXAM FORM

MR#: _____

Patient Height: _____ Weight: _____ Allergies: _____

Medications: _____

Indication for Exam / Diagnosis: (Please provide ICD-10 Code)

Angina	Chest Pain
Acute MI	Abn EKG
CABG Status	Precordial Pain
Post PTCA	Debility Unspecified
Other Acute/Subacute Forms of Ischemic Heart Disease	

Types of Nuclear Cardiac Stress Study Requested:

_____ Exercise Stress / Treadmill w/Nuclear Tracer. *Patient may be changed to pharmacologic stress if clinically indicated by cardiology to ensure a safe and effective nuclear stress exam.

_____ Pharmacological Stress w/Nuclear Tracer (Regadenoson(Lexiscan) Stress Testing will be performed unless specifically ordered otherwise)

Date of last Nuclear Test (IUHG): _____ **Elsewhere:** _____

Form prepared by (initials): _____

I.U. Health Goshen Hospital
Nuclear Medicine Department
Nuclear Cardiac Stress Testing

Your physician has ordered a Nuclear Cardiac Stress Test for you. It is very important that you refrain from **all caffeinated and decaffeinated products** for 24 hours prior to your exam. This includes coffee, tea, sodas, chocolate, and some pain relievers. You will be asked to fast from midnight prior to the study, or if diabetic, limit yourself to what is necessary. It is advisable to wear comfortable, loose clothing and walking shoes. Please bring a current list of medications. Ask your physician what medications you should take the morning of your exam.

This is a test to examine your heart **before** and **after** stress; to determine if you have good blood flow to the heart muscle. The stress portion of the test can be performed by walking on a treadmill or by simulating exercise with a medication. A small amount of a radioactive tracer will be injected and a scan will be taken of your heart. The radioactive tracer is **not** a dye, and will **not** cause any reaction or side effects. You will be asked to place your arms above your head during each scan. The scans of your heart will last approximately 20-25 minutes each. The test will be 4-6 hours in length, so please plan accordingly and wear comfortable clothing.

Order of Events

1. Sign consent form. Answer history and current medication questions.
2. An IV will be started and the first tracer will be injected.
3. Have a drink of water. PLEASE, WATER ONLY AT THIS TIME.
4. The first scan will start approximately ½ to 1 hour after injection, after it has had sufficient time to circulate.
5. After the first scan, there will be another waiting period for the tracer to clear the system. Again, you may have water, but nothing to eat.
6. EKG patches and leads are placed on your chest. A belt may also be placed around your waist at this time.
7. Exercise or medication stress testing will be administered and a second dose of the radiotracer will be injected.
8. There will be approximately a 45 minute to 1 hour wait while the second dose of the radiotracer circulates. You may eat and drink during this time.
9. The second scan will be taken and the test will be completed.

After the test is completed, the scans will be processed by a Nuclear Technologist and interpreted by a physician. The results will be sent to your physician, who will give you your results.