



NM MYOCARDIAL PERFUSION WORKSHEET

rev:1 1/2026

NAME: _____ DATE: _____

MR# _____ DOB: _____ TECH: _____

ALLERGIES _____

HEIGHT _____ WEIGHT _____ AGE _____ BRA SIZE _____

CHIEF COMPLAINT (in pt's own words) _____

Have you ever had?:

Seizure disorder _____ Yes _____ No

A heart attack _____ Yes _____ No If yes - Date _____

Heart Catheterization: _____ Yes _____ No If yes - Date _____

CABG (open heart surg): _____ Yes _____ No If yes - Date _____

PTCA (angioplasty) Chest Pain: _____ Yes _____ No If yes - Date _____

Pacemaker: _____ Yes _____ No If yes - Date _____

When does this pain occur?

Exercise only: _____ Exercise and sometime at rest _____

Only when resting? _____ Does nitroglycerin help? _____

Any other surgery? _____

History of cancer? (type/Tx) _____

CLINICAL CHECKLIST (indicate Y or N)

_____ Hypertension _____ Vascular disease _____ Lung disease (asthma)

_____ Diabetes _____ Stroke _____ Aortic aneurysm _____ Prosthetic joint

_____ Smoker _____ppd _____ Quit When _____

HEART or BLOOD PRESSURE MEDS: _____

LEXISCAN PROTOCOL ADMINSTERED BY _____ LEXISCAN DOSE _____mg

STRESS SYMPTOMS

_____ CP _____ SOB _____ HA _____ Nausea _____ Facial flush Other _____

ECG CHANGES _____ RESOLUTION OF SYMPTOMS _____

99mTc Myoview rest injection at _____ 99mTc Myoview stress injection at _____

Rescan _____ Motion corrected _____

COMMENTS: _____

