2462 Howard Ave., Unit 136

Windsor, ON N8X 3V6

Phone: (519) 254-4555

Fax: (519) 252-5000

pdi
PRECISION DIAGNOSTIC IMAGING

DR KEVIN TRACEY, MD, FRCPC – MEDICAL DIRECTOR

Exam Requested: **Myocardial Perfusion Imaging(MPI)** with Date of Request: _____
□ Treadmill Stress
□ Dipyridamole (Persantine) Stress

Patient Name: _____ M F
(Last) (First)
DOB: _____ OHIP: _____
(Version Code)
Phone: _____ _____ _____
(Home) (Cell) (Business)
Address: _____
(Street) (City) (Postal Code)
Referring DR. _____ Family DR._____ Other:_____

Reason For Exam □ Pre OP □ Chest Pain □ CAD
□ Post MI follow up
□ Other Diagnosis _____
_____
Diabetic Y N Asthmatic Y N
Allergies: _____
Weight: _____ Height: _____

Medication Instructions

Stress Type	Medication Instructions
□ TREADMILL	**Hold Beta Blockers, Calcium Channel Blockers** for **48 Hours** prior to stress
□ DIPYRIDAMOLE (PERSANTINE)	**Hold Theophylline Containing Meds** for **48 Hours** prior to stress. Hold **Persantine** for **24 Hours** prior to stress.

***Please attach any of the following reports: Treadmill, Angiogram, Angioplasty, and Nuclear Medicine Cardiac**

***If possible, please attach a list of medications or pharmacy record of medications with referral.**

FAX BACK TO 519-252-5000