

## Heart & Vascular Institute

### NUCLEAR AND REGULAR STRESS TEST & ECHOCARDIOGRAM ORDER SHEET

Patient Name \_\_\_\_\_

Ordering Physician \_\_\_\_\_

Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Date \_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_

**Call Schedule First to schedule an appointment: 443-843-7000 or 800-301-4799**

Hold Medications?  Yes  No    Can Patient Exercise?  Yes  No    Height \_\_\_\_\_    Weight \_\_\_\_\_ lbs.

#### Nuclear Myocardial Perfusion Scan

#### \_\_\_\_\_ Regular stress test

\_\_\_\_\_ Treadmill stress (able to reach 85% of maximal heart rate:  
[220- age X 0.85])

Chest pain (symptoms)  
 Other \_\_\_\_\_

----- Pharmacologic stress

Check all indications for nuclear perfusion scan that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chest pain (symptoms)<br>w/positive or indeterminate ETT                           | <input type="checkbox"/> Intermediate risk surgery: Pre-op<br>predictor if regular ETT $\leq$ 4 METS | <input type="checkbox"/> Anomalous coronary circulation                                       |
| <input type="checkbox"/> Documented CAD (worsening<br>symptoms)   | <input type="checkbox"/> Calcium Score > 400   | <input type="checkbox"/> Ischemic cardiomyopathy  |
| <input type="checkbox"/> Suspected MI   | <input type="checkbox"/> VT with high CAD risk   | <input type="checkbox"/> High risk surgery: Minor pre-op<br>predictor poor exercise tolerance |
| <input type="checkbox"/> New onset of CHF   | <input type="checkbox"/> Cardiotoxic chemotherapeutic drug<br>evaluation                             | <input type="checkbox"/> High risk profession   |
| <input type="checkbox"/> Post CABG ( $\geq$ 3 years)  | <input type="checkbox"/> Chest pain (symptoms) w/abnormal<br>ECG or LBBB                             | <input type="checkbox"/> MUGA: non-diagnostic<br>echocardiogram                               |
| <input type="checkbox"/> Post PCI ( $\geq$ 3 years)   | <input type="checkbox"/> Positive cath w/lesions of unknown<br>significance                          | <input type="checkbox"/> New onset atrial fibrillation- moderate<br>to high risk              |
| <input type="checkbox"/> Asymptomatic patient w/documentated<br>CAD (> 2 years since last nuclear<br>study) |  |   |

Other\*\*: \_\_\_\_\_

\*\* (Regular stress test may be substituted based upon ACC/Medicare guideline compliance)

#### \_\_\_\_\_ Echocardiogram (2D echo, Doppler, color flow)

Check all indications that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ventricular function and<br>cardiomyopathies   | <input type="checkbox"/> Cardiac thrombus and embolic<br>sources                    | <input type="checkbox"/> Cardiac tumors & masses                      |
| <input type="checkbox"/> Myocardial infarction                          | <input type="checkbox"/> Arrhythmias _____  | <input type="checkbox"/> Cardioversion/ablation                       |
| <input type="checkbox"/> Exposure to cardiotoxic<br>agents/chemotherapy | <input type="checkbox"/> Hypertensive heart disease/<br>hypertrophic cardiomyopathy | <input type="checkbox"/> Syncope                                      |
| <input type="checkbox"/> Native valvular heart disease                  | <input type="checkbox"/> Prosthetic valves  | <input type="checkbox"/> Post-heart surgery _____                     |
| <input type="checkbox"/> Endocarditis                                   | <input type="checkbox"/> Pericardial disease  | <input type="checkbox"/> Chest pain                                   |
| <input type="checkbox"/> Aortic pathology                               | <input type="checkbox"/> Congenital heart disease                                   | <input type="checkbox"/> Diastolic dysfunction                        |
|   |   | <input type="checkbox"/> Pulmonary hypertension/pulmonary<br>embolism |

Other\*\*: \_\_\_\_\_

\*\* May not meet insurance guidelines and patient may be liable

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_ Location: \_\_\_\_\_

## Parking and Directions

**Harford Memorial Hospital**  
**501 S. Union Street**  
**Havre de Grace, MD 21078**

### Parking

Free on-street parking is available around the hospital, but it is subject to limitations. A well lit parking garage across the street from the main entrance of the hospital offers parking at a nominal fee.

### Directions

Take I-95 North to Exit 89 (Havre de Grace), stay to the right and merge onto MD 155 East. In approximately 1.8 miles, make a right onto Juniata Street. Go to the 2nd traffic light and make a left onto Revolution Street. Proceed to the next traffic light and make a right onto South Union Avenue. There is a commercial parking garage on the right (\$1 charge) and Harford Memorial Hospital is directly across the street.

Registration is located on the first floor of the hospital

---

**Upper Chesapeake Medical Center**  
**520 Upper Chesapeake Drive**  
**Bel Air, MD 21014**

### Parking

The main entrance to the hospital is located on Upper Chesapeake Drive off MacPhail Road. There is ample parking for visitors including designated handicapped parking. There is no charge for parking in designated surface parking lots. The parking garage located across from the Ambulatory Care Center charges a nominal fee.

### Directions

**From Baltimore:** Take I-95 north to exit 77-B, which is Rt. 24. Go west on Rt. 24 towards Bel Air (approximately 5 miles). Turn left on W. MacPhail Road at traffic light. Upper Chesapeake Drive is first left after the turn.

**From Cecil County:** Take I-95 to ext. 77-B, which is Rt. 24. Go west on Rt. 24 towards Bel Air (approximately 5 miles). Turn left on W. MacPhail Road at traffic light. Upper Chesapeake Drive is first left after the turn.

The Outpatient Nuclear Medicine Department and the Echocardiogram Lab are located on the garden level of the the ACC building. Registration is also on the garden level to the left as you exit the elevators.

---

## General instructions:

- \* Wear loose clothing and garments with short sleeves
- \* Do not wear lotions or powder the day of your test.
- \* For all stress tests, no smoking and nothing to eat or drink at least 4 hours prior to your test.
- \* For pharmacologic nuclear stress tests, no caffeinated or decaf beverages at least 24 hours prior to your test.
- \* Additional instructions will be given when you schedule your appointment through ScheduleFirst.



**Heart & Vascular Institute**