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| <input type="checkbox"/> Wade McBride, MD, FACC | <input type="checkbox"/> Gurpreet Baweja, MD, FASE | <input type="checkbox"/> Tyler L. Bloomer, MD, FACC |
| <input type="checkbox"/> R. Dale Anderson, MD, FACC | <input type="checkbox"/> Justin L. Martin, MD, FACC | <input type="checkbox"/> Nitin Kulkarni, MD |
| <input type="checkbox"/> David D. Corley, MD, FACC | <input type="checkbox"/> Timothy B. Hadden, MD, FACC | <input type="checkbox"/> Mark Jackson, PA-C |
| <input type="checkbox"/> John E. Willard, MD, FACC | <input type="checkbox"/> Brendan W. Reagan, MD, FACC | <input type="checkbox"/> Hannah Ausloos, PA-C |
| <input type="checkbox"/> David L. Parrish, MD, FACC | <input type="checkbox"/> Nina Saksena Asrani, MD, FACC | <input type="checkbox"/> Aaron Tungate, PA-C |
| <input type="checkbox"/> Sreenivas Gudimetla, MD, FACC | <input type="checkbox"/> Brandie D. Williams, MD, FACC | <input type="checkbox"/> Dale Arocha, PA-C |
| <input type="checkbox"/> Joseph M. Ortenberg, MD, FACC | <input type="checkbox"/> Carl J. Horton, MD, FACC | <input type="checkbox"/> Robbin Quillin, RN, MSN, AGACNP |
| <input type="checkbox"/> Theodore S. Takata, MD, FACC | <input type="checkbox"/> Nathan J. Lo, MD | |

Patient name and date label

MUGA SCAN WORKSHEET

Date: _____ Account number: _____
 Patient's name: _____ M F Age: _____
 Referring physician: _____ Ordering physician: _____
 Perfusion study with ejection fraction Yes No Ejection fraction _____% (normal =65% ± 12%)
 Previous exam? Yes No
 What? _____ When? _____ Where? _____
 Any other nuclear exam done recently? Yes No
 What type? _____ When? _____ Where? _____
 Pregnant or possibly pregnant? Yes No _____ (patient's initials)
 Patient weight _____ lbs/kg BSA _____ % Adult dose (BSA) _____

HEART DISEASE

Why is the test being ordered? _____
 Do you have or are suspected to have a heart valve problem? Yes No
 Has there been a change in your condition? Yes No
 Is there a history of recent infraction or old infraction? Yes No When? _____
 Is an aneurysm suspected? Yes No If so, then an additional LPO view is needed.

CHEMOTHERAPY

Is this the first test or a follow-up study? Yes No
 When did chemotherapy start? _____ When is the next dose due? _____
 Have you had shortness of breath? Yes No
 Have you had a heart condition in the past? Yes No

MUGA INTERPRETATION INFORMATION

Patient dose _____ mCi Tc99m Tagged RBC Tc99m SESTAMIBI Other _____
 Views obtained: Anterior LAO Left lateral

Injection Tech Signature _____ Injection Tech Printed Name _____ Date _____ Time _____

Scan Tech Signature _____ Scan Tech Printed Name _____ Date _____ Time _____

Prescription Label
 Kit Prep