



Myocardial Perfusion Scheduling Form

Exam Date:

PLEASE FAX ORDER BY; 7 DAYS PRIOR TO SERVICE.

Fax To:

Exam: Myocardial PET Rest/Stress Perfusion

Protocol: Single Isotope; Rubidium-82

Pharmacological Agent:

Practice/Physician Name:

Phone Number:

Practice Address:

Contact Person:

Print all schedules in black ink only. ALL INFORMATION MUST BE FILLED IN

#	Scheduled Time	Last Name	First Name	DOB	A	S	H	W	Patient ID	Doctor	Comments
1									010000 1		
2									010000 2		
3									010000 3		
4									010000 4		
5									010000 5		
6									010000 6		
7									010000 7		
8									010000 8		
9									010000 9		
10									010000 10		
11									010000 11		
12									010000 12		

1. PLEASE FAX ALL SCHEDULES BUSINESS DAYS PRIOR TO SCAN DATE AT 630.344.0923.
2. IF THERE ARE ANY SCHEDULING PROBLEMS PLEASE CALL 800.998.2035
3. IF YOU NEED TO ADD OR CANCEL A SCHEDULED SCAN, PLEASE CALL BY 12PM THE DAY PRIOR TO THE EXAM AT 800.998.2035

Plaza, Ste. 420
e, Illinois 60181

: 800.998.2035

: 630.344.0923

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Time

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