

Full Name:

DOB:

Sex:

Address:

Phone/Mobile:

Medicare No:

<AFFIX PATIENT IDENTIFICATION LABEL HERE>

Appointment Date & Time (NIV Use Only):

Interpreter required? ☐ Yes ☐ No

Language requested: .....

Category: ☐ OP ☐ ED ☐ IP

Patient Location: Unit: ..... Bed: .....

## Clinical question(s) and history

## Medicare-approved Indications

Please tick one box for each section (A) and (B).

### A. Indication for test

1. **Angina**

- ☐ Typical or atypical discomfort in chest, neck, shoulders, jaws or arms
- ☐ Exertional
- ☐ Relieved by rest or GTN within 5 minutes

2. **Known CAD**

- ☐ Symptoms suggestive of ischaemia, but inadequately controlled by medication
- ☐ New symptoms since last functional study

3. **Other**

- ☐ Abnormal 12-lead ECG consistent with CAD or ischaemia in a patient without known CAD
- ☐ Indeterminate lesion on CTCA or angiography
- ☐ Possible painless ischaemia, including undue exertional dyspnoea of uncertain aetiology
- ☐ Pre-op (intermediate to high risk surgery with low functional capacity  
[at least one of CAD, heart failure, CVA, TIA, renal impaired (i.e. – creatinine >70umol/L, DM on insulin])
- ☐ Quantitation of ischaemia prior to intervention
- ☐ ? Viable myocardium
- ☐ Post-congenital heart disease surgery
- ☐ Difficult to assess due to language or cognitive barrier

### B. Justification for Myocardial Perfusion Scan

1. ☐ Inappropriate for stress echo (due to body habitus, abnormal heart rhythm or other physical condition)
2. ☐ Unable to exercise adequately
3. ☐ Failed stress echocardiography
4. ☐ Stress echocardiography not available

## Requesting Doctor (All fields **MUST** be completed)

Requestor: ☐ Consultant ☐ Registrar ☐ HMO ☐ Intern

Full name:

Provider no:

Contact/Pager #:

Treating Unit/Specialty:

Treating Consultant:

Signature:

Date:

Copy Results to:

Please contact our team on (03) 8405 9600 if you require digital access to images and results

**Northern Hospital Epping** 185 Cooper Street, Epping

Ph: (03) 8405 9600

**Broadmeadows Hospital** 35 Johnstone Street, Broadmeadows

Ph: (03) 8345 5707

**Bundoora Centre** 1231 Plenty Road, Bundoora

Ph: (03) 9495 3100 | **Inpatient services only**

**Kilmore District Hospital** 1 Anderson Road, Kilmore

Ph: (03) 5734 2146

**Craigieburn Centre** 121 Lygon Drive, Craigieburn

Opening the 29th of September 2025

X-ray  
Ultrasound  
CT  
MRI  
Mammography  
Nuclear Med.  
PET/CT Scan  
OPG  
Fluoroscopy  
Angiography

● ● ● ● ● ● ● ● ● ●

● ● ● ●

●

● ● ●

● ● ●

## Diagnostic Imaging Use Only

### Patient identification & procedure matching

☐ Full name ☐ D.O.B. ☐ Address

**Correct examination:** ☐ Y ☐ N

**Correct side / site:** ☐ Y ☐ N ☐ N/A

☐ Ward / Staff / Relative assisted with patient identification

**The following processes have been confirmed prior to commencing:**

☐ Justification ☐ Optimisation ☐ Approval ☐ Consent

**Name & Position:**

**Signature:**

### Patient Pregnancy & Breastfeeding Checklist

**Pregnancy Status:** ☐ Y ☐ N

**Gestational age:** .....

**LMP:** .....

**Breastfeeding:** ☐ Y ☐ N ☐ N/A

**Patient signature:**

## Technologist notes