



**JABATAN PERUBATAN NUKLEAR
TINGKAT 1
BANGUNAN RADIOTERAPI & ONKOLOGI
HOSPITAL KUALA LUMPUR**

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REQUEST FORM FOR MYOCARDIAL PERFUSION STUDY

Important Notes:

- i) Please fill in the request form in **2 copies**.
- ii) Request form **without complete information will be returned**.
- iii) Please make sure **patient bring this form along with all current medication to get appointment and also on study day**.

PART A: APPOINTMENT DATE FOR MYOCARDIAL PERFUSION SCAN (To be filled by JPN team)

DATE RECEIVED REQUEST FORM:	TIME:
DATE OF STRESS STUDY:	TIME:
DATE OF REST / VIABILITY STUDY:	TIME:
DATE OF PREVIOUS STUDY (if any):	PN :

PART B: PATIENT'S INFORMATION (To be filled by referral team)

Patient's Name :	Gender: Male / Female	Ethnic Group :
IC Number :	Date of Birth :	Age : Contact No :

Address :

Indication for requesting study:

- | | |
|---|---|
| <input type="checkbox"/> Diagnosis of coronary artery disease (CAD) | <input type="checkbox"/> Risk stratification - Post MI / Post PTCA / CABG |
| <input type="checkbox"/> Evaluation of severity of CAD | <input type="checkbox"/> Evaluation of myocardial viability |
| <input type="checkbox"/> Pre-operative evaluation | Type of request : <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent |

Patient's Medical History (Pls write in detail and include allergy/ surgical history which is relevant):

Asthma / COAD : Yes No

List of Current Medications:

1. Does this patient have the following/followings?

- H/O prior infarction. If yes, any thrombolytic agent given before? No
 Yes, date given:
- ECG changes; Q waves
 ST segment & T-waves changes
 Others :
- None of the above

2. Previous echocardiography done : No

Yes, last was done on:

(Please write the findings, and if not known please state)

EF:% Abnormality :.....

3. Risk stratification:

i) No known history of ACS but with CVD risk; Framingham risk score (FRS):

Low CV risk (<10%)

High risk (>20%)

Intermediate risk (10-20%)

Very high risk (>30%)

ii) History of acute coronary syndrome:

NSTEMI/ Unstable angina : TIMI Score.....

Myocardial infarction : Grace score.....

4. Previous exercise stress test done : No

Yes, last was done on:

Result : Positive stress test Normal stress test Inconclusive Not known

5. Previous coronary angiography/PTCA/CABG done : No

Yes, the date was:.....

Findings are :.....

Signature of Requesting Doctors with official stamps:

Name :

Department :

Contact No :

Signature of **Specialist in Charge** with official stamps:

Name :

Department :

Contact No :

Date of referral :

Date of next PC/ Cardiology Clinic Appointment (compulsory to be filled):

PART C: PATIENT PREPARATION

- i) Advise on contraception and ensure female patients in the reproductive age is **NOT** pregnant at the time of referral.
- ii) Please optimise the blood pressure medication and ensure patients have controlled blood pressure prior to referral.
- iii) Please attach all the necessary **INVESTIGATION RESULTS** (e.g. ECHO/ECG) with this form.

PERINGATAN PENTING UNTUK PESAKIT:

1. Sila patuhi semua arahan **terutamanya masa** yang telah ditetapkan bagi mengelakkan kajian ini ditunda.
2. Bagi pesakit dewasa, **DILARANG** membawa kanak-kanak di bawah umur 12 tahun dan wanita hamil semasa janji temu. Jika perlu, bawa seorang dewasa (18 tahun dan ke atas) untuk menemani anda semasa janji temu.
3. Kajian **TIDAK DILAKUKAN** kepada wanita hamil kecuali bagi rujukan tertentu. Sekiranya anda tidak pasti atau merasakan diri anda hamil, sila beritahu doktor / petugas kami. Kajian akan ditunda sekiranya perlu.
4. Sila hubungi petugas kaunter skan dengan **kadar segera** atau **2 HARI sebelum tarikh janji temu** sekiranya anda tidak dapat hadir pada tarikh yang telah ditetapkan. Tarikh janji temu akan diberi dan ini memberi ruang kepada pesakit lain untuk menjalankan kajian dengan lebih cepat.
5. Pesakit / waris akan dihubungi 1 hari sebelum tarikh janji temu untuk pengesahan kehadiran. Sila **hubungi kami dengan segera** sekiranya terdapat pertukaran nombor telefon.
6. Pesakit daripada wad hendaklah diiringi oleh personel wad dan membawa bersama borang **INTER-DEPARTMENTAL TRANSFER OF ADULT PATIENTS** (HKL/PKT-14-01).
7. Sila bawa surat jaminan (*guarantee letter*) atau kad pesara atau lain-lain dokumen pengesahan pada hari temujanji.
8. Pembayaran hendaklah dibuat secara **transaksi tanpa tunai (kad debit / kad kredit)**.

BUTIR-BUTIR BAYARAN PESAKIT MENGIKUT PERINTAH FI (PERUBATAN)

Jenis Rujukan	Lawatan Pertama	Lawatan Susulan	Ujian/ siasatan	Kajian Diagnostik
Warganegara Malaysia Rujukan Hospital/ Klinik Kerajaan	Percuma	RM5.00	Percuma	RM 25
Rujukan Hospital/ Klinik Swasta	RM30.00	RM5.00	Mengikut caj Kelas 1	RM 150
Penjawat Awam/ Pesara Dengan Surat Jaminan & Kad Pesara	Percuma			
Warga Emas Rujukan Hospital/ Klinik Kerajaan	Percuma	Percuma	Percuma	RM 25
Rujukan Hospital/ Klinik Swasta	Percuma	Percuma	Mengikut caj Kelas 1	RM 150
Warganegara Asing Hospital/ Klinik Kerajaan & Swasta	RM 120.00	RM 120.00	Mengikut caj Perintah Fi (Perubatan) (Kos Perkhidmatan 2014) Warga Asing [Ruj:[17] dlm.KKM-58//300/1-5 jld.2]	
Lain-Lain Kategori Bantuan Zakat, Baitulmal, JKM, OKU, JAKOA, OKT, Penderma Darah, Pelajar Sekolah, dan lain-lain (Warganegara sahaja dan beserta dokumen pengesahan)	Percuma			
	TERBATAL SEKIRANYA MENGGUNAKAN SURAT RUJUKAN SWASTA. DIKENAKAN CAJ SEPERTI ORANG AWAM.			

Sebarang pertanyaan atau keraguan, sila hubungi petugas kaunter Unit Skan, Jabatan Perubatan Nuklear, Hospital Kuala Lumpur.