

PATIENT'S INFORMATION
(Please Stick Label)

IMAGING CENTRE PROCEDURE LIST

MAGNETIC RESONANCE IMAGING (MRI)

- ☐ STRESS PERFUSION (ADENOSINE / DOBUTAMINE)
☐ VIABILITY
☐ MORPHOLOGY
☐ IRON LOADING ASSESSMENT FOR THALASSEMIA
☐ GENERAL : _____
☐ **NOT DONE**

REMARKS:

Cardiac Angiographer / Staff Nurse

Name : _____

Date/Time : _____

COMPUTED TOMOGRAPHY (CT)

- ☐ CARDIAC CT
☐ CALCIUM SCORE
☐ GENERAL : _____
☐ **NOT DONE**

REMARKS:

Cardiac Angiographer / Staff Nurse

Name : _____

Date/Time : _____

TECHNETIUM SCAN

- ☐ STRESS – REST
☐ REST – STRESS
☐ VIABILITY
☐ 2 DAYS PROTOCOL
☐ **NOT DONE**

REMARKS:

Cardiac Angiographer / Staff Nurse

Name : _____

Date/Time : _____

ULTRASOUND

- ☐ GENERAL ULTRASOUND
☐ DOPPLER ULTRASOUND
☐ ULTRASOUND GUIDED BIOPSY/ DRAINAGE
☐ **NOT DONE**

REMARKS:

Cardiac Angiographer / Staff Nurse

Name : _____

Date/Time : _____

POSITRON EMISSION TOMOGRAPHY – COMPUTED TOMOGRAPHY (PET-CT)

- ☐ PET-CT CARDIAC
☐ PET-CT WHOLE BODY
☐ **NOT DONE**

REMARKS:

Cardiac Angiographer / Staff Nurse

Name : _____

Date/Time : _____