



Patient	D.O.B.
Address	
Phone #	OHIP#/WSIB Claim#

NUCLEAR MEDICINE

Diagnostic Imaging Booking Office: (519) 941-2410 Ext. 3001 Fax: (519) 941-7726

APPOINTMENT DATE: _____	TIME: _____	ARRIVAL TIME: _____
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Is the patient Pregnant or Breastfeeding Yes No
RELEVANT CLINICAL INFORMATION: (must be provided)

Please check (✓) procedure requested: No preparation required unless indicated by a *

<input type="checkbox"/> Biliary Scan (HIDA) *	<input type="checkbox"/> Liver with Tagged Red Cells (for hemangioma)	<input type="checkbox"/> Thyroid uptake with scan *
<input type="checkbox"/> Bone	<input type="checkbox"/> Lung	<input type="checkbox"/> MUGA Heart (for ejection fraction)
<input type="checkbox"/> Gallium	<input type="checkbox"/> Renal (specify if Lasix _____) *	<input type="checkbox"/> Sentinel Node- <input type="checkbox"/> Melanoma or <input type="checkbox"/> Breast
<input type="checkbox"/> Liver/Spleen scan	<input type="checkbox"/> Thyroid Scan Only	<input type="checkbox"/> Gastric Emptying* - <input type="checkbox"/> Solid or <input type="checkbox"/> Liquid
<input type="checkbox"/> Parathyroid	<input type="checkbox"/> Salivary	

CARDIAC PERFUSION

- advise patient regarding MEDICATIONS
- check appropriate box to your right

Exercise

Persantine (reason)

Stop taking Beta Blockers 48 hours before appointment.

Stop taking Theophylline products 4 days before appointment.

Hold Diabetic Medications morning of the procedure.

Stop taking Dipyridamole products 2 days before appointment

- LIGHT breakfast ie. toast, NOT bacon & eggs
- No caffeine for 24 hours, i.e. tea, coffee or chocolate, Tylenol with Codeine
- Bring list of current medications
- You will be at the hospital for 5 to 7 hours
- Wear loose clothing and comfortable shoes

Referring Physician: (print) _____ Referring Physician : (signature) _____

c.c. _____ Date: _____

*** PATIENT PREPARATIONS:**

ESTIMATED TIME IN NUCLEAR MEDICINE:

Biliary Scan (HIDA)	Nothing by mouth 4 hours prior to exam.	Patient to receive IV injection. Pictures take 1 ½ hours.
Gastric Emptying	No food or drink after midnight	2 hours
Renal Scan	Drink 3-4 glasses of fluid prior to arrival.	Approximately 1½ hours (will depend if Lasix is required)
Thyroid Uptake with Scan	No thyroid medication for 2 weeks, no IVP or CT contrast for 2 months, no Kelp or Vitamins with Iodine for 2 weeks.	2 visits. 15 minutes 1 st day for pills 45 minutes 2 nd day for imaging

This requisition with your Ontario Health Card must be presented at the time of your examination.