

Nuclear Medicine Requisition
Booking Office

Phone: 519-941-2410 Ext. 2435

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Patient	DOB
Address	
Phone #	Health Card#
Email Address	
Ordering M.D.	Telephone #

Ontario Health Cards must be presented with this requisition at the time of your examination.

Appointment Date: _____ Time: _____ Arrival Time: _____

 Is the patient **Pregnant or Breastfeeding**: Yes No

Relevant Clinical Information (must be provided):

Procedure Selection

Please indicate the procedure requested:

Note: No preparation required unless indicated by an *

<input type="checkbox"/> Biliary Scan (HIDA) *	<input type="checkbox"/> Liver with Tagged Red Cells (for hemangioma) <input type="checkbox"/> Lung <input type="checkbox"/> Renal (specify if Lasix _____) * <input type="checkbox"/> Thyroid Scan Only <input type="checkbox"/> Salivary	<input type="checkbox"/> Thyroid update with scan * <input type="checkbox"/> MUGA Heart (for ejection fraction) <input type="checkbox"/> Sentinel Node: <input type="checkbox"/> Melanoma <input type="checkbox"/> Breast <input type="checkbox"/> Gastric Emptying: <input type="checkbox"/> Solid
<input type="checkbox"/> Cardiac Perfusion <ul style="list-style-type: none"> Advise patient regarding medications Check appropriate box to your right <ul style="list-style-type: none"> <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine (reason) 	<input type="checkbox"/> Stop taking Beta Blockers 48 hours before appointment. <input type="checkbox"/> Stop taking Theophylline products 4 days before appointment. <input type="checkbox"/> Hold Diabetic Medications morning of the procedure, <input type="checkbox"/> Stop taking Dipyridamole products 2 days before appointment.	<ul style="list-style-type: none"> LIGHT breakfast - i.e. toast is good, 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 so wear loose clothing and comfortable shoes

Procedure Preparation Note

Procedure	Patient Preparations
Biliary Scan (HIDA)	Nothing by mouth 4 hours prior to exam.
Gastric Emptying	No food or drink after midnight
Renal Scan	Drink 3-4 glasses of fluid prior to arrival.
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.

Referring Physician _____ (Print)	(Signature)	C.C. _____ _____ _____
Office Phone # _____	Date _____	_____

Please refer to preparations exam sheet for the appropriate exam