

## Nuclear Medicine Requisition

### Booking Office

Phone: 519-941-2410 Ext. 2435

Fax: 519-941-7726

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"/> Bone <input type="checkbox"/> Gallium <input type="checkbox"/> Liver/Spleen Scan <input type="checkbox"/> Parathyroid	<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 uptake 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"> <li>Advise patient regarding medications</li> <li>Check appropriate box to your right</li> </ul> <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"> <li>LIGHT breakfast - i.e. toast is good, NOT bacon &amp; eggs</li> <li>No caffeine for 24 hours, i.e. tea, coffee or chocolate, Tylenol with Codeine</li> <li>Bring list of current medications</li> <li>You will be at the hospital for 5 to 7 hours so wear loose clothing and comfortable shoes</li> </ul>

### 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)

Office Phone # \_\_\_\_\_ Date \_\_\_\_\_

C.C.

Please refer to preparations exam sheet for the appropriate exam