



Nuclear Medicine Requisition

(905) 377-7746 Fax (905) 373-6922

Physician Data (print or imprint below)

Name _____

Phone _____

Copies to: _____

Signature: _____

Patient Data (print or place imprint in upper right corner)

Last Name _____

First Name _____

Address _____

City _____ Code _____

Phone _____ DOB
D M Y

HC no.
Version

WSIB/Claim #: _____

Urgent

Elective

Clinical History / Indication: (Required)

Please print or write legibly

General Nuclear Medicine

- ◇ Biliary Scan (HIDA)
 - Gallbladder function with CCK
- ◇ Bone Scan - Whole Body
- ◇ Bone Scan – Specific Site:
Specify _____
- ◇ Brain Scan – Cerebral Perfusion with SPECT
- ◇ Gallium Scan – Whole Body
- ◇ Gallium Scan – Specific Site :
Specify _____
- ◇ Lung Scan – Ventilation and Perfusion (VQ)
- ◇ Liver/Spleen Scan (RES)
- ◇ Meckel’s Diverticulum Scan
- ◇ Parathyroid Scan
- ◇ RBC Liver Scan (? Hemangioma)
- ◇ Renal Scan – Dynamic (GFR)
 - Renal Scan – ACE Inhibitor (with Captopril)
 - Renal Scan – Diuretic (with Lasix)
- ◇ Thyroid Uptake and Scan (24 hour RAIU)
- ◇ Thyroid Scan only
- ◇ Ventricular Function (MUGA)
- ◇ Other: Specify _____

Nuclear Cardiology

Myocardial Perfusion

- ◇ Exercise Stress
- ◇ Pharmacologic Stress (Persantine)
- ◇ Other: Specify _____

Patient Height _____ Weight _____

Currently on B-Blockers: Yes No

Previous Exam: Yes No

Recent Stress ECG: Yes No

Recent Echocardiogram Yes No

If yes to any of the above, where was the test done?

Lymphoscintigraphy

Breast: Left Right Bilateral

Melanoma Location: _____

To the Patient

Appointment Date: _____ **Time:** _____ **Location:** _____

Please note: You must bring this requisition with you.

Northumberland Hills Hospital is fragrance free. Perfume, after shaves or colognes, strongly scented soaps or deodorants are not permitted due to potential allergic reactions by both patients and staff. Form: 364 pg. 1 (09/06;02/10;05/10;03/14;12/17)

Privacy Commitment:

NHH is committed to protecting privacy, confidentiality and security of all personal information to which it is entrusted in order to carry out its mission. We are collecting this information to assist us in your care and treatment. The demographic information related to you i.e.: name, date of birth, health card number, is necessary and will allow NHH the ability to bill the healthcare system for the services being provided. Failure to provide this information may result in the patient being billed directly for the services provided. This document will be retained as a permanent part of your record and will be destroyed according to legal requirements.

<u>Test</u>	<u>First Visit</u>	<u>Delay</u>	<u>Second Visit</u>	<u>Patient Preparation</u>
• Biliary Scan	90 minutes	none	none	NPO 8 hours prior to test
• Bone Scan - Total Body	15 minutes	2 -3 hours	45 minutes	none
• Bone Scan - Specific Site	15 minutes	2 -3 hours	45 minutes	none
• Brain Scan & Flow study	20 minutes	45 minutes	30 minutes	none
• Gallium Scan - Total Body	15 minutes	1-3 days	1 - 2 hours	technologist will instruct patient at first visit
• Gallium Scan - Specific Site	15 minutes	1-3 days	45 minutes	technologist will instruct patient at first visit
• Lung Scan (ventilation and perfusion)	45 minutes	none	none	CXR done within 24 hours or must have req. for CXR
• Liver/Spleen Scan (RES)	45 minutes	none	none	No barium studies done in last 3 weeks
• Meckel's Diverticulum	1 hour	none	none	NPO 4 hours prior to test
• Parathyroid Scan	30 minutes	3 hours	30 minutes	none
• RBC Liver Scan (Hemangioma)	1 hour	1.5 - 2 hours	30 minutes	none
• Renal Scan - Dynamic (GFR)	45 minutes	none	none	Drink 3 glasses of clear fluid each hour for 2 hours prior to test. You may use the washroom during this time
• Renal Scan - Diuretic (with Lasix)	90 minutes	none	none	Note any allergies to sulfonamides , same prep as Dynamic (GFR) Renal scan
Renal Scan - ACE Inhibitor (Captopril) **consult with technologist when booking	90 minutes	none	none	Consult technologist about discontinuation of ACE inhibitors , same prep as Dynamic (GFR) renal scan
• Salivary Scan	45 minutes	none	none	none
• Thyroid - Uptake & Scan	15 minutes	24 hours	45 minutes	Discontinue Thyroxine or thyroid supplements for 3 weeks prior to test, discontinue anti-thyroid meds 1 week prior
• Thyroid - Scan only	45 minutes			Discontinue Thyroxine or thyroid supplements for 3 weeks prior to test, discontinue anti-thyroid meds 1 week prior
• Ventricular Function (MUGA)	45 minutes	none	none	Bring list of medications on day of exam No caffeine 6 hours prior

Patients:

Nuclear Medicine examinations require up to three possible stages

First visit: You will be given an injection (into a vein in your arm). Some images may be taken

Delay: You may need to return for additional images after the delay. The technologist will give you instructions

Second visit: The technologist will give you a return time for this part if images are required

Physicians:

Consult with Nuclear Medicine Technologist (905) 372-6811 x3844 with regards to ordering any test not listed above.

The Radiologist on duty reserves the right to alter the examination requested if booked incorrectly or if inappropriate - Every effort will be made to contact you or your office in this event.

Form: 364 pg. 11(09/06;02/10;05/10;03/14;12/17)