



Nuclear Medicine Patient Requisition

Patient Name: _____

Birthdate: _____
dd/mm/yy

Telephone Home: _____ Bus: _____

<p>General Imaging Services</p> <p><input type="checkbox"/> Biliary Scan</p> <p><input type="checkbox"/> Biliary Scan with CCK</p> <p>Bone Scan <input type="checkbox"/> <i>Total Body</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Specific Site - (circle below)</i> <i>hands, wrist, feet, long bones & ribs</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Tomogram - (circle below)</i> <i>skull, spine, pelvis, hips, knees, ankles, shoulders</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Joint Survey</i></p> <p>Bone Mineral Densitometry (BMD)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Low Risk (2nd visit at 3 years, 3rd and subsequent visit for low risk every 5 years otherwise uninsured by OHIP)</p> <p style="padding-left: 20px;"><input type="checkbox"/> High Risk (As warranted by the Physician, see back page for criteria)</p> <p><input type="checkbox"/> Brain SPECT Scan</p> <p><input type="checkbox"/> C14 Urea Breath Test</p> <p>CSF <input type="checkbox"/> <i>Flow Scan (LP)</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Rhinorrhea & Otorrhea Scan</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>VP Shunt (Shunt Patency)</i></p> <p>Gallium Scan <input type="checkbox"/> <i>Specific Site: _____</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Whole Body</i></p> <p>Gastric Emptying <input type="checkbox"/> <i>Liquid</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Solid</i></p>	<p><input type="checkbox"/> Gastrointestinal Bleeding (RBC)</p> <p><input type="checkbox"/> Meckel's Scan</p> <p><input type="checkbox"/> MIBG Scan Site :</p> <p><input type="checkbox"/> Lacrimal Scan</p> <p><input type="checkbox"/> Leveen Shunt Scan</p> <p>Liver Spleen Scan : <input type="checkbox"/> <i>RBC</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Colloid</i></p> <p><input type="checkbox"/> Lung Scan (VQ)</p> <p><input type="checkbox"/> Quantitative Lung Scan</p> <p><input type="checkbox"/> Octreotide Scan</p> <p><input type="checkbox"/> Parathyroid Scan (MIBI)</p> <p><input type="checkbox"/> Salivary Scan</p> <p>Renal Scan : <input type="checkbox"/> <i>Flow & Clearance</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Tomograms</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>With Lasix</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>With Captopril</i></p> <p><input type="checkbox"/> 1-131 Thyroid Uptake</p> <p><input type="checkbox"/> Thyroid Scan</p> <p><input type="checkbox"/> Venogram</p> <p><input type="checkbox"/> Whole Body Iodine Scan- Pinhole thyroid</p> <p><input type="checkbox"/> Scintimammography</p> <p><input type="checkbox"/> Sentinel Node Scan</p> <p><input type="checkbox"/> Systemic shunt</p> <p><input type="checkbox"/> Other: _____</p>	<p>Nuclear Cardiology Services</p> <p>MUGA (Ventricular Function)</p> <p><input type="checkbox"/> <i>Rest</i> or <input type="checkbox"/> <i>Exercise</i></p> <p><input type="checkbox"/> <i>With First Pass (RV)</i></p> <p>Myocardial Perfusion</p> <p><input type="checkbox"/> <i>Exercise</i> <input type="checkbox"/> <i>Persantine</i></p> <p style="padding-left: 20px;">or <input type="checkbox"/> <i>Dobutamine</i></p> <p>(Check only one)</p> <p>Thallium Viability Study</p> <p><input type="checkbox"/> Rest & Redistribution only</p> <p>Non Imaging Services :</p> <p>I-131 Diagnostic/Therapeutic Procedure</p> <p><input type="checkbox"/> Diagnostic 4 mCi</p> <p><input type="checkbox"/> Therapeutic Dose _____</p> <p>Note: Patients receiving doses greater than 30 mCi must be admitted</p>
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<p>Referring Physician (print) :</p> <p>Physician Phone #:</p> <p>Indications and Diagnosis for test :</p> <p>Special Attention to :</p>	<p>Fax #</p>	<p>Signature :</p> <p>Copy to Other Physicians :</p>
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<p style="text-align: center;">Office Use Only</p> <p>Received:</p> <p>Date & Time of Exam:</p>	<p style="text-align: center;">Radiopharmaceutical Used</p>	<p style="text-align: center;">Tech Comments</p> <p>L/R ACF Other:</p> <p>Camera:</p> <p>Previous:</p> <p>PACS: Req Scanned:</p>
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LATENESS WARNING: If you are late, there is a possibility we may need to rebook the test. To cancel an appointment, call within 48 hours of your test. Please let us know if you require an **INTERPRETER** and/or you have **SPECIAL NEEDS**. *Thank You.*

EXPLANATION OF PROCEDURE & SPECIAL INSTRUCTIONS

General contraindications to any nuclear medicine test: pregnancy, breastfeeding, recent barium or contrast media tests within the last 7 days. If unsure, please consult your physician or give us a call.

GENERAL SERVICES:

Biliary Scan with or without CCK: Nothing to eat or drink 4 hrs prior to test. Injection involved. (Should not fast > 24 hrs) Minimum 1- 1.5 hour for test.

Bone Scan: No preparation. 30 minutes for injection & initial imaging. 2.5 - 3hr waiting period drink 5 glasses of fluids & void frequently. Delayed images take 30 to 45 mins.

Bone Mineral Densitometry: No X-ray tests with barium contrast for 10 days. No Nuclear Medicine exams for 2 weeks. 20 minutes for test.

• **Low Risk:** 2nd visit at 3 years, 3rd and subsequent visit for low risk every 5 years

• **High Risk:** Once every 12 months otherwise uninsured by OHIP

• **High Risk Criteria:** Premature menopause, High dose steroid therapy, Family history of osteoporosis, History of fragile fractures, longstanding malnutrition, Use of anticonvulsants, Primary hyperparathyroidism, Cancer chemotherapy, Weight below 57 kg. Post-menopausal women with any two of the following risk factors: Smoker, hyperparathyroidism, low calcium intake, excess alcohol intake.

Brain SPECT Scan: No preparation. Injection involved. 1 hour for test. Sedation needed if patient cannot lie still for 30 mins.

C14 Urea Breath: Nothing to eat or drink from midnight. Off Antibiotics and Pepto-Bismol for 1 month prior to the test. Off any medication suppressing acid formation (Losec, Zantac, Tagamet, Axid) and H2 blockers (Maalox, Roloids, Tums) 2 weeks prior to procedure. 20 minutes for test

CSF Flow Scan (L/P): Off blood thinners (Coumadin, Aspirin) 1 week prior to procedure with doctor's approval. Injection under fluoroscopy. Minimum 6 hours first day. Patient returns next 2 days for 30 minutes of scan

CSF Otorrhea & Rhinorrhea Scan: Off blood thinners (Coumadin, Aspirin) 1 week prior to procedure with doctor's approval. Pledgets inserted to appropriate sites by ENT physician Injection under fluoroscopy. Minimum 6 hours for test.

CSF Shunt (V/P): No preparation. Injection involved. Minimum 1.5 hrs for test.

Gallium Scan: No preparation prior to injection. Return for pictures at 48 hrs & possibly 72 hrs after injection. If area of interest is abdomen, take a mild laxative the night before the pictures. Minimum 1 hr for test.

If questioning osteomyelitis (infection of bone), patient should have bone scan no more than 1 wk prior to gallium scan.

Gastric Emptying: Nothing to eat or drink 6 hrs prior to test. Discontinue gastric motility medications (e.g Domperidone) for 24 hours prior to test.

For solid study required to eat egg salad sandwich, should advise us if allergic to eggs. Minimum 1.5 hours for test.

Gastrointestinal Bleeding: Nothing to eat or drink 4 hrs prior to test. 2 injections involved. Minimum 1.5 hrs for test.

Meckel's Scan: Nothing to eat or drink from midnight prior to test. Injection involved. Minimum 1 hr for test.

MIBG Scan: Require list of medications prior to scheduling exam, certain medications interfere with the results and should be discontinued as per physician's order. Iodine solution; 1 drop 3 times / day, starting 24 hrs prior to injection & continuing 6 days after. Images taken at 24 and 48 hrs after injection. Minimum 1.5 hour each visit.

Lacrimal Scan: No preparation. No injection. Eye drops involved. 45 mins for test.

Leveen Shunt Scan: No preparation. Injection involved. Minimum 1.5 hrs for test.

Liver / Spleen Scan: RBC No preparation. 1 hr for 2 injections & initial images. 2 hr waiting period. Minimum 1 hr for delayed images. Total time 4 hrs

COLLOID No preparation. Injection involved. Minimum 1 hr for test.

Lung Scan: Chest x-ray within 24 hrs of lung scan must accompany patient. Breathing substance through mask & injection involved. Minimum 1 hr for test.

Octreotide Scan: Mild laxative before & after test. Please drink 2 glasses of fluids prior to test. 1 injection involved. Return 4 & 24 hours after for images. Minimum 2 hours for each visit.

Parathyroid Scan: No preparation. 45 minutes for injection & initial images. Waiting period of 3 hours. Delayed images take 30 minutes.

RBC Study + Tomo (for Cavernous Hemangioma): No preparation. 2 injections followed by initial imaging, 1hour. Return 3 hrs later for 45 minute pictures.

Renal Scan: 2 glasses of water prior to test. Injection involved. Minimum 1 hour for test. *For Renal tomograms minimum 3 hrs in duration.*

I 131 Thyroid Uptake: Off thyroid meds and thyroid hormones for 4 weeks. Nothing to eat or drink at least 4 hrs prior to test. I-131 capsule given, returns 2 hours and 24 hours later for uptake measurement. Each visit takes 20 minutes.

Thyroid Scan: Off thyroid meds and thyroid hormones for 4 weeks. Injection involved. 45 minutes for test.

Salivary Scan: Nothing to eat or drink 2 hours prior to test. Injection involved. Lemon wedge placed in mouth for 10 minutes. Minimum 1 hour for test.

Scintimammography: No preparation. Injection involved. Minimum 1 hour for test.

Systemic Shunt: No preparation. Injection involved. Minimum 1 hour for test.

Venogram: No preparation. 2 injections involved. Minimum 1 hour for test.

Whole Body Iodine Scan & Pinhole Thyroid: No preparation. No injection. Minimum 1 hour for test.

Yttrium Scan: No Preparation. An injection is given in the joint. Return 1 hour later. Images take 30 minutes. **Only staff Rheumatologist can order.**

NON-IMAGING SERVICES:

I - 131 Therapy- Low dose (5 - 29 mCi): Should be off thyroid hormone or anti-thyroid medication. Oral administration of Iodine solution. Takes 20 min.

NUCLEAR CARDIOLOGY SERVICES:

*****Please, No Caffeine (No coffee, tea, decaf, pop, chocolate, Tylenol) for 24 hrs. Diabetic patients continue eating normally prior to test *****

MUGA Rest: No preparation. Injections involved. Minimum 1 hour for test.

MUGA Exercise: No caffeine for 24 hrs, nothing by mouth 2 hrs prior to test, discontinue medications 48 hrs prior to test as per physician's orders. Wear comfortable clothing & bring running shoes. 2 injections are involved & patient to exercise on a bicycle. Takes minimum 1.5 hours.

Myocardial Perfusion (Exercise or Persantine): No caffeine for 24 hrs, nothing by mouth 2 hrs prior to test, discontinue heart medications 48 hrs prior to test as per physician's orders. Wear comfortable clothing & bring running shoes. Two injections & two scans will be involved. Patient will exercise on a treadmill or be given a drug called persantine. Total time of study is 3 to 3.5 hrs. Please bring list of medications you take.

Thallium: No caffeine for 24 hrs, nothing by mouth 2 hrs prior to test. One injection and two scans will be involved. Total time of study is 4.5 hrs which includes a 3.5 hr break in between. Please bring list of medications you take.

*****Please, No Caffeine (No coffee, tea, decaf, pop, chocolate, Tylenol) for 24 hrs. Diabetic patients continue eating normally prior to test *****