



Medical Imaging Department

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3rd Floor Cardinal Carter Wing

www.stmichaelshospital.com

*Functional & Molecular Imaging
for your health*

Tel. 416-864-5115 Fax 416-864-5037

Exam Date :

Exam Time :

Next available

Urgent

Specific Date: _____

Accession #:

A. PATIENT INFORMATION

MRN	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other (specify): _____	
Last Name		Transgender: <input type="checkbox"/> Female-to-male <input type="checkbox"/> Male-to-female	
First Name		Preferred Name:	
Street Address		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	Height (cm)
City	Prov	Postal	Breastfeeding? <input type="checkbox"/> Y <input type="checkbox"/> N
Tel.1 #	Consent for messages <input type="checkbox"/> Y <input type="checkbox"/> N		Allergies (specify):
Tel.2 #	Consent for messages <input type="checkbox"/> Y <input type="checkbox"/> N		Interpreter (language):
Health Number		Version	Special Needs (specify):
<input type="checkbox"/> IFH <input type="checkbox"/> Self-Pay <input type="checkbox"/> WSIB Claim #		Other Requests (specify):	

B. EXAM ORDERED

BONE & GALLIUM

- Whole Body
- Specific Site (specify)
- Osteomyelitis (specify)
- Gallium Scan (specify)

Site: _____

BRAIN & CSF

- Brain Perfusion (SPECT)
- Balloon Test Occlusion
- Cavernous Sinus – RBC
- VP Shunt (patency)

ENDOCRINE

- Iodine Scan – Diagnostic
- Iodine Scan – Post-Therapy
- Parathyroid Scan
- Thyroid Uptake & Scan

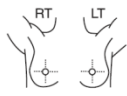
GASTRO-INTESTINAL

- C-14 Urea Breath Test
- Gastric Emptying ❖
- GI Bleed
- Meckel's Diverticulum
- Salivary Scan ❖

LIVER, SPLEEN, BILIARY

- Hepatobiliary Scan
- Liver/Spleen – Colloid
- Liver/Spleen – RBC
- Splenic Sequestration

LYMPHATIC

- Sentinel Node – Breast
- 
- Clock position _____
- Sentinel Node – Melanoma
- Site: _____

RESPIRATORY

- Lung Scan (V/Q Scan)
- Systemic Shunt (WB MAA)
- Quantitative Perfusion

URINARY

- Renal Scan (differential f_x)
- Renal Scan w/ Blood GFR
- Renal Scan w/ Captopril
- Renal Scan w/ Lasix
- Renal Cortical Scan

RADIONUCLIDE THERAPY

- I131 out-patient _____ mCi
- I131 in-patient _____ mCi

Requested therapy date: _____
_____ AM PM

Note: I131 therapy doses ≥ 30 mCi must be admitted

OTHER EXAM

Specify Exam: _____

★ Use Bone Mineral Density & Nuclear Cardiology requisitions for those exams; PDF copies available at stmichaelshospital.com

C. ORDER REASON & CLINICAL INFORMATION (PLEASE PRINT)

❖ Specify food allergies & dietary restrictions for these exams

F. ORDERING PHYSICIAN (PLEASE PRINT)

NOTE: ONLY PHYSICIANS MAY TO SIGN THIS REQUISITION

Physician Name			Physician Signature		Order Date yyyy / mm / dd	
Street Address			x			
City	Prov	Postal	CPSO		Billing #	
Tel. #	Fax #		CC ₁		CC ₂	

NUCLEAR MEDICINE EXAM INFORMATION

EXAM	EXAM PREPARATION	ESTIMATED EXAM DURATION
BONE & GALLIUM		
Bone Scan	No exam preparation	2 part exam (4 hours total)
Gallium Scan	No exam preparation Gallium injection (15 min) → return for scan (1+ hour) 2-3 days after injection	2 non-consecutive days
Osteomyelitis Scan	Bone scan will be done first and gallium scan will be booked as needed after the bone scan	
BRAIN & CEREBRAL SPINAL FLUID (CSF)		
Brain Perfusion Scan	No exam preparation	2 part exam (2 hours total)
Cavernous Sinus – RBC	No exam preparation	2 part exam (4 hours total)
VP Shunt Scan	No exam preparation	1½ hours
ENDOCRINE		
Iodine Scan – Diagnostic	No food or drink 2 hours before + 2 hours after the start of the test Iodine Wednesday (½ hour) → return on Friday for the scan (1+ hour) Follow your referring doctor's instructions for low iodine diet, thyrogen injections & stopping medicines	2 non-consecutive days
Iodine Scan – Post-Therapy	Follow your doctor's preparation instructions for iodine therapy	1 hour
Parathyroid Scan	No exam preparation	2 part exam (3 hours total)
Thyroid Uptake & Scan	No food or drink 2 hours before + 2 hours after the start of the test Ask your doctor about stopping thyroid medicines No x-ray/CT IV contrast dye 6 weeks or cough medicines 4 weeks	2 back-to-back days Day 1: 2 parts (2½ hours total) Day 2: 1 hour
GASTRO-INTESTINAL		
C-14 Urea Breath Test	No food or drink 4 hours before the test No antibiotics or Pepto-Bismol 1 month + no Sucralfate or proton pump inhibitors 2 weeks	½ hour
Esophageal Transit	No food or drink 4 hours before the test	½ hour
Gastric Emptying Scan	No food or drink 4 hours before the test Call us at 416-864-5115 if you have food allergies, sensitivities, or dietary restrictions No motility, laxative, anti-diarrhea, or narcotic medicines 2 days + no H2 antagonist or antacids 2 hours	4½ hours
Gastro-Intestinal Bleed Scan	No food or drink 4 hours before the test	2-4 hours
Meckel's Diverticulum Scan	No food or drink 4 hours before the test	2-4 hours
Salivary Scan	No food, gum, candy, lozenges 2 hours before the test (only water)	1 hour
LIVER, SPLEEN, & GALLBLADDER		
Hepatobiliary (Biliary) Scan	No food or drink 4 hours before the test No narcotic pain medicines 24 hours before the test	2-4 hours
Liver/Spleen – Colloid Scan	No exam preparation	1 hour
Liver/Spleen – RBC Scan	No exam preparation	2 part exam (4 hours total)
Splenic Sequestration Scan	No exam preparation	2 hours
LYMPHATIC (LYMPH NODES)		
Sentinel Node – Breast	No exam preparation; follow surgical instructions as applicable	½ hour
Sentinel Node – Melanoma	No exam preparation; follow surgical instructions as applicable	1½ hours
RADIONUCLIDE THERAPY - IODINE THERAPY		
I-131 Radioiodine Therapy	No food or drink 2 hours before + 2 hours after the start of the test Follow your referring doctor's instructions for low iodine diet, thyrogen injections & stopping medicines	½ hour
RESPIRATORY (LUNG)		
Lung Scan (V/Q Scan)	No exam preparation; recent chest x-ray may be required	1 hour
Systemic Shunt Scan	No exam preparation	1 hour
Quantitative Lung Perfusion	No exam preparation	1 hour
URINARY (KIDNEYS)		
* For all renal scans drink 4 glasses of water leading up to test time; you may pee as needed		
Renal Scan	Drink 4 glasses of water	1 hour
Renal Scan with Blood GFR	Drink 4 glasses of water; ask your doctor about stopping medicines	4 hours
Renal Scan with Captopril	Drink 4 glasses of water; no food 4 hours + no ACE inhibitors 48 hrs	2 hours
Renal Scan with Lasix	Drink 4 glasses of water; ask your doctor about stopping medicines	1½ hours
Renal Cortical Scan	Drink 4 glasses of water	2 part test (4 hours total)

❖ Exam durations are approximate and may vary. Preparation instructions are guidelines and may vary. ❖

Call us at 416-864-5115 if you have questions about your test.



MOST NUCLEAR MEDICINE EXAMS ARE NOT APPROPRIATE FOR PREGNANT PATIENTS

