

NUCLEAR MEDICINE REQUISITION



Department of Diagnostic Imaging
 310 Juliana Drive
 Woodstock, ON N4V0A4
 Phone: 519-421-4204 Fax: 519-421-4241
 Central Bookings
 Phone: 519-537-2381 Fax: 519-421-4238

Patient Information:

Name (Last, First): _____
 DOB: _____ M F PIN: _____
MMM DD YYYY
 Address: _____
 Phone Number (Home): _____
 (Other): _____
 Health Card Number: _____ Version Code: _____

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____
 Phone: _____ Fax: _____

**Ordering Physician or Authorized Health Care Provider
 Signature:**

Copy to: _____
 Call Report to (Phone Number): _____

WSIB? (Please include approval for specific exam)
 Claim Number: _____ Date of injury: _____
 3rd Party or Insurance (Company or Self-pay): _____
 Patient Pregnant Patient Breast feeding
 Does this patient have special needs or impairments?
 (Please specify): _____

Clinical Indication, History: (reason for exam)

PATIENTS PRESENTING UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RE-BOOKED
 Please submit completed requisition and all supporting documentation by fax to Central Bookings: 519-421-4238

Examination(s) Requested:

Note: Nuclear Medicine scanner weight limit is 500 pounds

SKELETAL	LUNG	GALLIUM	ENDOCRINE
<input type="checkbox"/> Bone	<input type="checkbox"/> Ventilation Perfusion <input type="checkbox"/> Aspiration	<input type="checkbox"/> Lymphoma <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Sarcoid	<input type="checkbox"/> Parathyroid <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Uptake
BILIARY (HIDA)	CARDIAC	KIDNEY ❖	
<input type="checkbox"/> Cholecystitis <input type="checkbox"/> Post Cholecystectomy <input type="checkbox"/> Contractility (fat meal) <input type="checkbox"/> Biliary Leak	<input type="checkbox"/> Exercise (MIBI) <input type="checkbox"/> Persantine (MIBI) <input type="checkbox"/> Thallium Viability <input type="checkbox"/> Wall Motion (MUGA)	❖ Recent Serum Creatinine Required (collected within the last 60 days): _____ Date collected: _____ <input type="checkbox"/> Routine Renogram <input type="checkbox"/> Lasix <input type="checkbox"/> Captopril (for Hypertension)	
GI	SENTINEL NODE		OTHER
<input type="checkbox"/> GI Bleed <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Meckel's	<input type="checkbox"/> Liver or Spleen <input type="checkbox"/> Salivary <input type="checkbox"/> RBC Hemangioma Liver	<input type="checkbox"/> Breast <input type="checkbox"/> Melanoma (specify area): _____	<input type="checkbox"/> Dacroscentigraphy (tear duct)

TECHNOLOGIST NOTES:

Appointment Date:

Appointment Time:

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD
 Requirements and preparations for exams provided on page 2
 To cancel or reschedule your appointment please call Central Bookings: 519-537-2381



NUCLEAR MEDICINE PREPARATION AND INSTRUCTIONS

* For all appointments please notify technologist if you are pregnant or breast feeding *

EXAM	PREPARATION	DURATION		
Bone	<ul style="list-style-type: none"> No preparation required No barium contrast in the last 24 hours (Gastrografin contrast is ok) 	Part 1: 30 minutes	Wait 3-5 hours	Part 2: 1.5 hours
Cardiac MIBI	<ul style="list-style-type: none"> Follow instructions from the Ordering Physician 	Duration explained by ordering physician		
Cardiac Wall Motion	<ul style="list-style-type: none"> No preparation required 	2 hours		
Gallium	<ul style="list-style-type: none"> No preparation required 	Day 1: Injection	Day 3: 2.5 hours	Day 4: 2.5 hours
Gastric Emptying	<ul style="list-style-type: none"> Nothing to eat or drink from midnight the night before Bring written list of current medications and allergies During exam you will be eating an egg salad sandwich 	Up to 4 hours		
GI Bleed	<ul style="list-style-type: none"> No preparation required 	Exam can take several hours		
Hepatobiliary (HIDA)	<ul style="list-style-type: none"> Nothing to eat or drink from midnight the night before No narcotics and analgesics for 8 hours prior Bring written list of current medications and allergies During exam, a fatty meal may be given to you by the technologist 	1-4 hours		
Liver-Spleen	<ul style="list-style-type: none"> No preparation required 	1.5 hours		
Lung Ventilation and Perfusion	<ul style="list-style-type: none"> No preparation required Chest X-ray required within 24 hours of scan 	1 hour		
Meckel's Scan, Dacroscentigraphy	<ul style="list-style-type: none"> No preparation required 	1 hour		
Parathyroid	<ul style="list-style-type: none"> No preparation required 	3 hours		
RBC Liver	<ul style="list-style-type: none"> No preparation required 	2.5 hours		
Renogram Captopril (hypertension)	<ul style="list-style-type: none"> Recent serum creatinine level (collected with the last 60 days) required prior to appointment No ACE inhibitors for 5 days prior (If medically required, ACE inhibitors may be continued throughout the course of the exam with <u>reduced test accuracy</u>) No diuretics for 3 days prior No IV contrast for 24 hours prior Drink 3 glasses of water the morning of the exam Bring written list of current medications and allergies 	2.5 hours		
Renogram Routine, Renogram Lasix	<ul style="list-style-type: none"> Recent serum creatinine level (collected within the last 60 days) required prior to appointment No IV contrast for 24 hours prior Notify technologist if patient is allergic to furosemide (or sulfa drugs) Drink 3 glasses of water the morning of the exam Bring written list of current medications and allergies 	1-2 hours		
Salivary	<ul style="list-style-type: none"> No thyroid blocking agents (Perchlorate or iodine) for 48 hours prior 	1 hour		
Sentinel Node	<ul style="list-style-type: none"> Exam done morning of surgery. Arrive at Nuclear Medicine Department at 7:00 am, unless stated otherwise 	Exam can take several hours		
Thyroid	<ul style="list-style-type: none"> No contrast media for 2 months prior No PTU, Methimazole for 3 days prior Bring written list of current medications and allergies 	Day 1: 30 minutes	Day 2: 1.5 hour	

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your appointment please call Central Bookings: 519-537-2381

For any questions regarding Nuclear Medicine please call: 519-421-4204

Please be aware that this is a "Fragrance Free" facility