

Next available appointment at any NHS Site

PLEASE FAX TO LOCATION NEAREST PATIENT'S RESIDENCE

Or Choose: GNG 905-378-4647 Fax 905-358-7438
 SCG 905-378-4647 Fax 905-684-6990
 WCG 905-378-4647 Fax 905-732-9537

Nuclear Medicine Requisition

Please PRINT patient information below. Please do not imprint.

INCOMPLETE REQUISITIONS WILL BE RETURNED

MANDATORY	Surname		First Name		Appointment	
	D.O.B.		Sex	H.C.N.	Date:	Time
	Address		Phone (home)		GNG <input type="checkbox"/> SCG <input type="checkbox"/> WHS <input type="checkbox"/>	
	City		Phone (work)		Date Physician/Patient Notified	
	Postal Code		D	M	Y	Initial
	Physician's Name		City		Physician to receive copy of report	
	Address		Postal code		Name	
	Phone		Fax		Address	
					City	
					Postal Code	

General Nuclear Medicine (Pt. Prep. Reverse)

- Biliary
- Biliary with CCK
- Abdominal Ultrasound **MUST be performed prior to all Biliary studies or please send copy of recent result with the requisition.**

Bone Scan

- Whole Body
 - Specific Site
- What Site: _____

CSF Flow

Gallium Scan

Gastric Emptying

GI Bleed

Liver/Spleen Scan

Liver RBC Scan

Lung Scan

Ventilation/Perfusion

Quantification
MUST have a Chest X-ray within 24 hours prior to the study.

Meckel's Diverticulum

Parathyroid Scan

Thyroid Ultrasound study
Please order with Parathyroid

Renal Scan

Renal Scan with Captopril
Name of current blood pressure (AEC Inhibitor) medications?

Renal Scan with Lasix

Salivary Scan

Sentinel Node

Breast

Melanoma/Other

Thyroid

Uptake and Scan

Scan only

What thyroid medications is the patient taking?

When did patient have most recent X-Ray or CT with contrast?

¹³¹I Therapy Dose

White Blood Cell Scan

Other (specify) _____

Nuclear Cardiology

Myocardial Perfusion Imaging

Pt. height (cm) _____

Exercise

Pt. weight (kg) _____

Persantine Is this patient Asthmatic? **Y N**

Rest Thallium (Viability)

Ventricular Function

MUGA Rest

Medications

Beta Blockers Ca Blockers Nitrates

Other (specify) _____

Patient History

DATE

Previous MI Ant Inf Lat **DD/MM/YY**

Previous Catheterization

Angioplasty RCA LAD LCX **DD/MM/YY**

CABG RCA LAD LCX **DD/MM/YY**

Diabetic Yes No

Office Use Only - Radiopharmaceutical Dose Label

All Other Relevant Patient History

Office Use Only

- Is this patient claustrophobic? If so, the patient may require a mild sedative in order to undergo the study.
- Is this patient pregnant? Nuclear medicine studies are not performed on pregnant patients.
- Is this patient breast feeding? **Y N** Breast feeding may have to be discontinued post study.

Patient Identified Using 2 Identifiers

Radiopharmaceutical Verified

Injected by _____

Injection Site _____

Scanned by _____

Processed by _____

(Please initial above)

Referring Physician Signature: _____

Patient Instructions for Nuclear Medicine Studies

Biliary and Biliary with CCK Injection

Please have nothing to eat or drink for 3 – 6 hours prior to the study.

If you have had a previous ultrasound of the abdomen at a location other than the Niagara Health System, please bring the CD/films.

Bone Scan

No preparation required

Bring any relevant previous CD/films that were not performed at the Niagara Health System.

A two part study **Part 1:**30 minutes followed by a 2-4 hour break, you may leave the department. Please drink plenty of fluids and go to the washroom often.

Part 2:30 minutes to 1.5 hours

CSF Flow Study

No preparation required.

Gallium Study

Please bring CD/films of any recent diagnostic imaging study that was not performed at the Niagara Health System.

The study is a two day study 24, 48, 72 or 96 hours apart depending on the type of Gallium Study

Day 1:30 minutes

Day 2: 30 minutes to 2 hours

Gastric Emptying Study

Please have nothing to eat or drink for 4 – 6 hours prior to the study.

Please tell your doctor if you are allergic to eggs, yeast or gluten.

GI Bleed Study

No recent Barium study. If you have had a recent Barium study, you may require an X-ray to assess for residual Barium.

Liver/Spleen Study or Liver RBC Study

Liver RBC Study - please bring CD/films of any recent diagnostic imaging study that was not performed at the Niagara Health System.

No preparation required for either liver scan

Lung Scan – Ventilation/Perfusion

Please have a chest X-ray within 24 hours of the lung scan and bring the report with you, unless it was performed at the Niagara Health System.

Meckel's Diverticulum Scan

Please have nothing to eat or drink for 4 – 6 hours prior to the study.

No recent barium, gastroscopy or sigmoidoscopy studies for 48 hours before the study.

MUGA Scan

No preparation required.

Myocardial Perfusion Imaging

Your doctor has ordered this study to look at the function of your heart; he/she will tell you how to prepare yourself for the study.

Parathyroid Scan

A two part studyPart 1: One hour followed by one hour wait, you may leave the department.

 Part 2: One hour

No preparation required.

Renal Scans (including with Captopril and Lasix)

For **ALL** renal scans, drink 2 glasses of water 1 hour prior to the test. You may go to the washroom.

For the Renal scan with Captopril, do not eat for 4 hours prior to the study. Please wear a short-sleeved shirt to allow for a blood pressure cuff to be worn. Please tell your doctor if you are taking any drugs for high blood pressure.

Salivary Scan

No preparation required.

Thyroid Uptake and/or Scan

Please tell you doctor if you are on any drugs for your thyroid.

If you have had an ultrasound of your thyroid, please bring the report, unless it was performed at the Niagara Health System.

Please tell your doctor if you had an X-ray or a CT scan that required an injection or a drink?

A two part studyPart 1:30 minutes

 Part 2: 45 minutes

Patients may not breast feed after undergoing a thyroid uptake study.

White Blood Cell Scan

Please eat breakfast prior to the scan.