

## **Booking Office**

**Phone**: 519-941-2410 Ext. 2435

Fax: 519-941-7726

Patient Name (Required)	DOB
Address	
Phone #	Health Card#/ WSIB Claim #

Nuclear Medicine Requisition						
Ontario Health Cards must be presented with this requisition at the time of your examination.						
Appointment Date:		Time	:	Arrival Time:		
Is the patient <b>Pregnant</b> or <b>Breastfeeding</b> : Relevant Clinical Information (must be provided)	□ Yes □ ed):	□ No				
Procedure Selection Please indicate the procedure requested: Note: No preparation required unless indicate the procedure selection.	ated by an *					
□ Biliary Scan (HIDA)  □ Bone □ Gallium □ Liver/Spleen Scan □ Parathyroid	□ Liver with Tagged Red Cells (for hemangioma) □ Lung □ Renal (specify if Lasix) □ Thyroid Scan Only □ Salivary			☐ Thyroid update with scan * ☐ MUGA Heart (for ejection fraction) ☐ Sentinel Node: ☐ Melanoma ☐ Breast ☐ Gastric Emptying: * ☐ Solid		
<ul> <li>□ Cardiac Perfusion</li> <li>Advise patient regarding medications</li> <li>Check appropriate box to your right</li> <li>□ Exercise</li> <li>□ Persantine (reason)</li> </ul>	<ul> <li>□ Stop taking Beta Blockers 48 hours before appointment.</li> <li>□ Stop taking Theophylline products 4 days before appointment.</li> <li>□ Hold Diabetic Medications morning of the procedure,</li> <li>□ Stop taking Dipyridamole products 2 days before appointment.</li> </ul>			LIGHT breakfast - i.e. toast is good, NOT bacon & eggs  No caffeine for 24 hours, i.e. tea, coffee or chocolate, Tylenol with Codeine  Bring list of current medications  You will be at the hospital for 5 to 7 hours so wear loose clothing and comfortable shoes		
Proceeding Proposition Nato						
Procedure Preparation Note Procedure Biliary Scan (HIDA) Gastric Emptying Renal Scan Thyroid Uptake with Scan		Patient Preparations  Nothing by mouth 4 hours prior to exam.  No food or drink after midnight  Drink 3-4 glasses of fluid prior to arrival.  No thyroid medication for 2 weeks, no IVP or CT contrast for 2 months, no Kelp or Vitamins with lodine for 2 weeks.				
				C.C.		
Referring Physician(Print)		(Signature)				
Office Phone #	Da	te				
Plea	se refer to	preparations	exam sheet for	the appropriate exam		

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