

NUCLEAR MEDICINE REQUISITION

Depending on wait times, patients may be scheduled at any of our hospital sites in the Niagara region

PHONE: 905-378-4647 Ext: 46350
Fax: 905-323-7560

OUTPATIENT

- ☐ NEXT AVAILABLE
☐ WITHIN 1-2 WEEKS
☐ ROUTINE

APPOINTMENT DATE/TIME/SITE:

DD / MM / YYYY

HH : MM

SITE

PATIENT INFORMATION (PLEASE PRINT)

PATIENTS LAST NAME		PATIENTS FIRST NAME		ORDERING PROVIDER NAME (PLEASE PRINT)	COPIES TO
ADDRESS		CITY		PHONE NUMBER	URGENT RESULTS CONTACT #
MOBILE PHONE (PREFERRED CONTACT METHOD)		HOME PHONE		SIGNATURE	FAX NUMBER
OHCN/OHIP#	VERSION CODE	DATE OF BIRTH (DD/MM/YYYY)	GENDER	<input type="checkbox"/> WSIB CLAIM #:	

CAN THE PATIENT COME IN ON SHORT NOTICE? ☐ YES ☐ NO

DOES THE PATIENT HAVE ANY ACCESSIBILITY ISSUES? ☐ YES ☐ NO IF YES, SPECIFY:

CAN WE CONTACT YOU BY EMAIL? ☐ YES ☐ NO IF YES, PLEASE PROVIDE YOUR EMAIL ADDRESS:

IT IS THE REFERRING PROVIDERS RESPONSIBILITY TO NOTIFY THE PATIENT OF APPOINTMENT DETAILS

GENERAL NUCLEAR MEDICINE (PATIENT PREPARATION ON REVERSE)

<input type="checkbox"/> ABDOMINAL ULTRASOUND* <small>*MUST BE PERFORMED PRIOR TO ALL BILIARY STUDIES OR PLEASE SEND COPY OF RECENT RESULT WITH THE REQUISITION</small> <input type="checkbox"/> BILIARY <input type="checkbox"/> BILIARY WITH CCK <input type="checkbox"/> BONE MARROW <input type="checkbox"/> BONE SCAN <input type="checkbox"/> WHOLE BODY <input type="checkbox"/> SPECIFIC SITE: _____ <input type="checkbox"/> GALLIUM SCAN <input type="checkbox"/> GASTRIC EMPTYING STUDY <input type="checkbox"/> GI BLEED <input type="checkbox"/> LIVER/SPLEEN SCAN <input type="checkbox"/> LIVER RBC SCAN <input type="checkbox"/> LUNG SCAN** <input type="checkbox"/> VENTILATION/PERFUSION <input type="checkbox"/> QUANTIFICATION <small>**MUST HAVE A CHEST X-RAY WITHIN 24 HOURS PRIOR TO THE STUDY</small> <input type="checkbox"/> MECKEL'S DIVERTICULUM <input type="checkbox"/> PARATHYROID SCAN <input type="checkbox"/> THYROID ULTRASOUND STUDY WITH PARATHYROID	<input type="checkbox"/> RENAL SCAN <input type="checkbox"/> RENAL SCAN WITH CAPTOPRIL <small>NAME OF CURRENT BLOOD PRESSURE (AEC INHIBITOR) MEDICATIONS: _____</small> <input type="checkbox"/> RENAL SCAN WITH LASIX <input type="checkbox"/> SALIVARY SCAN <input type="checkbox"/> SENTINEL NODE <input type="checkbox"/> BREAST <input type="checkbox"/> MELANOMA/OTHER <input type="checkbox"/> THYROID <input type="checkbox"/> UPTAKE AND SCAN <input type="checkbox"/> SCAN ONLY <small>WHAT THYROID MEDICATIONS IS THE PATIENT TAKING? _____</small> <small>WHEN DID PATIENT HAVE THE MOST RECENT X-RAY OR CT WITH CONTRAST? _____</small> <input type="checkbox"/> 131 I THERAPY DOSE: _____ <input type="checkbox"/> WHITE BLOOD CELL SCAN <input type="checkbox"/> OTHER, SPECIFY: _____
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NUCLEAR CARDIOLOGY

PATIENT HEIGHT (CM): _____ PATIENT WEIGHT (KG): _____

MYOCARDIAL PERFUSION IMAGING

- ☐ EXERCISE IS THE PATIENT
☐ PERSANTINE ASTHMATIC?
☐ REST THALLIUM (VIABILITY) ☐ YES ☐ NO

VENTRICULAR FUNCTION

☐ MUGA Rest

MEDICATIONS

- ☐ BETA BLOCKERS ☐ CA BLOCKERS ☐ NITRATES
☐ OTHER (SPECIFY): _____

PATIENT HISTORY

PREVIOUS MI

☐ ANT ☐ INF ☐ LAT DATE: _____

PREVIOUS CATHETERIZATION

ANGIOPLASTY ☐ RCA ☐ LAD ☐ LCX

CABG ☐ RCA ☐ LAD ☐ LCX

DIABETIC ☐ YES ☐ NO

ALL OTHER RELEVANT PATIENT HISTORY (MANDATORY)

IS THIS PATIENT CLAUSTROPHOBIC? ☐ YES ☐ NO
IF YES, THE PATIENT MAY REQUIRE A MILD SEDATIVE IN ORDER TO UNDERGO THE STUDY.
IS THIS PATIENT PREGNANT? ☐ YES ☐ NO
NUCLEAR MEDICINE STUDIES ARE NOT PERFORMED ON PREGNANT PATIENTS.
IS THIS PATIENT BREAST FEEDING? ☐ YES ☐ NO
BREAST FEEDING MAY HAVE TO BE DISCONTINUED POST STUDY.
OTHER RELEVANT HISTORY:

OFFICE USE ONLY

PERSANTINE (ML) _____

AMINOPHYLLINE (ML) _____

CAPTROPIL/VASOTEC _____

CCK _____

LASIX _____

POST STUDY DOCUMENTATION INIT: _____

ACCESSION NUMBER: _____

PLEASE NOTE: INCOMPLETE REQUISITIONS WILL BE RETURNED/FAXED BACK WITHOUT AN APPOINTMENT

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.
- 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.
- 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.
- 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.

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 study:
 - **Part 1:** 1 hour followed by one hour wait, you may leave the department.
 - **Part 2:** 1 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 your 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.
- Please tell your doctor if you had an X-ray or a CT scan that required an injection or a drink.
- A two-part study:
 - **Part 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.