

Referring Physician: *(print first, last)*: \_\_\_\_\_  
 CPSO# \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Date: dd / mm / yy

## Nuclear Medicine Requisition

Please fax to (905) 830-5966

<b>Patient Name:</b> <i>(print first, last)</i> _____		<b>Date of Birth:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>
<b>Address:</b>	Street Number + Name _____	Apartment _____
City _____	Province _____	Postal Code _____
<b>Health Card Number:</b> _____	<b>Version Code:</b> _____	<b>Patient Weight:</b> _____ kg
<b>Other Insurance:</b> _____	<b>Email:</b> _____	<b>Cell:</b> ( ) _____
<b>Patient DOES NOT consent to be contacted via:</b> <input type="checkbox"/> Text <input type="checkbox"/> Email (for patient privacy information see the next page)		
<b>Patient not available:</b> From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u> Reason: _____		
<b>Hoyer Lift Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Patient arriving by Ambulance Transfer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the patient pregnant or breastfeeding?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Venous access in situ:</b> <input type="checkbox"/> Port <input type="checkbox"/> PICC
<b>Clinical History and Diagnostic Question:</b> _____		
<b>EXAM REQUIRED</b> <i>(check all that apply)</i>		
<b>Endocrine</b> <input type="checkbox"/> Parathyroid <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Thyroid Scan Only <input type="checkbox"/> Thyroid Therapy <input type="checkbox"/> Whole Body Iodine Scan  <b>Neurological</b> <input type="checkbox"/> Brain Perfusion <input type="checkbox"/> CSF Flow Scan <input type="checkbox"/> CSF Shunt Study  <b>Respiratory</b> <input type="checkbox"/> Ventilation/Perfusion Lung <input type="checkbox"/> VQ with Quantification	<b>Gastrointestinal</b> <input type="checkbox"/> Liver/Spleen <input type="checkbox"/> R.B.C Liver <input type="checkbox"/> Hepatobiliary (HIDA) <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Salivary <input type="checkbox"/> GI Bleed <input type="checkbox"/> Meckel's Scan  <b>Skeletal</b> <input type="checkbox"/> Bone Scan - Whole Body <input type="checkbox"/> Bone Local Site - (Specify/ laterality): _____	<b>Genitourinary</b> <input type="checkbox"/> Renal Scan (GFR) <input type="checkbox"/> Renal Scan (GFR) with Furosemide [Lasix] <input type="checkbox"/> Renal Captopril <input type="checkbox"/> Renal Cortical Scan  <b>Other Nuclear Medicine</b> <input type="checkbox"/> Gallium Scan <i>(Specify):</i> _____  <input type="checkbox"/> Sentinel Node <i>(Specify/Laterality):</i> _____  <input type="checkbox"/> Other <i>(Specify):</i> _____
<b>Cardiac</b>	<b>PATIENT PREPARATION / INFORMATION. Please read instructions carefully.</b>	
<input type="checkbox"/> Amyloid Scan <input type="checkbox"/> Ventricular Function (MUGA) Rest	<ul style="list-style-type: none"> <li>• No Preparation – estimated time 20 minutes (first visit), 1 hour (second visit) for imaging</li> <li>• No Preparation – estimated time of test is 1 ½ hours</li> </ul>	
<b>Cardiac Perfusion (Myoview)</b> <input type="checkbox"/> Exercise <input type="checkbox"/> Dipyridamole (Persantine) <i>Indicate reason</i>	<ul style="list-style-type: none"> <li>• May have a light breakfast morning of your test (i.e. toast or cereal)</li> <li>• No caffeine/decaffeinated products/beverages for 24 hrs prior to test</li> <li>• Bring list of current medications</li> <li>• You may be at the hospital for 4 to 6 hours</li> <li>• Wear loose clothing and comfortable shoes.</li> </ul>	
<b>*Referring Physician to advise regarding medication</b>	<b>24 hours</b> before appointment, stop:	<input type="checkbox"/> Medications with Caffeine
	<b>48 hours</b> before appointment, stop:	<input type="checkbox"/> Beta Blockers <input type="checkbox"/> Dipyridamole/acetysalicylic acid (Aggrenox)
	<b>4 days</b> before appointment, stop:	<input type="checkbox"/> Diltiazem/Verapamil <input type="checkbox"/> Sildenafil, Tadalafil (Viagra, Cialis, etc.) <input type="checkbox"/> Theophylline (Uniphyll, etc..)

**PHYSICIANS: PATIENT PREP INSTRUCTIONS ARE ON THE REVERSE SIDE, PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT INSTRUCTIONS GIVEN. EXAM CANCELLATIONS ARE REQUIRED 48 HOURS IN ADVANCE TO UTILIZE OUR RADIOISOTOPES EFFECTIVELY**



***Nuclear Medicine Patient Preparation and Information*** (please provide to patient)

PATIENT PREPARATION:		ESTIMATED TIME IN NUCLEAR MEDICINE
<input type="checkbox"/> <b>BONE</b>	<ul style="list-style-type: none"> <li>No preparation</li> </ul>	20 minutes ( <i>first visit</i> ) - for injection, you may leave the department after. 1 hour ( <i>second visit</i> ) – Return 2 to 4 hours later for imaging
<input type="checkbox"/> <b>BRAIN SPECT</b>	<ul style="list-style-type: none"> <li>No caffeine or alcohol for 24 hrs before scan</li> <li>Bring a list of your medications</li> </ul>	2 hours
<input type="checkbox"/> <b>GALLIUM</b>	<ul style="list-style-type: none"> <li>No preparation</li> </ul>	15 minutes ( <i>1st day</i> ) – for injection 45 minutes ( <i>2nd day</i> ) – for imaging
<input type="checkbox"/> <b>HIDA</b>	<ul style="list-style-type: none"> <li>Nothing to eat or drink after midnight</li> </ul>	1 to 3 hours
<input type="checkbox"/> <b>GASTRIC EMPTYING TEST (GET)</b>	<ul style="list-style-type: none"> <li>Nothing to eat or drink after midnight</li> <li>Notify the department if you have an allergy to eggs (905-895-4521, ext. 2564)</li> </ul>	2 hours
<input type="checkbox"/> <b>LIVER OR LUNG</b>	<ul style="list-style-type: none"> <li>No preparation</li> </ul>	1 hour
<input type="checkbox"/> <b>MECKELS</b>	<ul style="list-style-type: none"> <li>Adults 18 years or older: obtain Famotidine (Pepsid, etc.) pills at your local pharmacy. Take 20mg of Famotidine 12 hrs prior to appointment time. Nothing to eat or drink after taking the Famotidine.</li> <li>Children under 18: will be premedicated via an IV solution in the department the morning of the test. Do not give the child any food or drink after midnight</li> </ul>	1 to 2 hours
<input type="checkbox"/> <b>PARATHYROID SCAN</b>	<ul style="list-style-type: none"> <li>No preparation</li> </ul>	1 hour ( <i>1st visit</i> ) 2 appointment times ½ hour ( <i>2nd visit</i> ) 2 ½ to 3 hours apart
<input type="checkbox"/> <b>RBC LIVER SCAN</b>	<ul style="list-style-type: none"> <li>No preparation</li> </ul>	1 hour ( <i>1st visit</i> ) 2 appointment times 40 minutes ( <i>2nd visit</i> ) 4 ½ to 6 hours apart
<input type="checkbox"/> <b>RENAL SCAN</b>	<ul style="list-style-type: none"> <li>Drink 3 to 4 glasses of fluids prior to arrival</li> <li>May empty your bladder</li> <li>Bring a list of your medications</li> <li>Know your weight and height</li> </ul>	1 ½ hours
<input type="checkbox"/> <b>SALIVARY</b>	<ul style="list-style-type: none"> <li>No preparation</li> </ul>	1 ½ hours
<input type="checkbox"/> <b>THYROID UPTAKE WITH SCAN</b>	<ul style="list-style-type: none"> <li>Off thyroid medication for 2 weeks</li> <li>No IVP or CT contrast for 2 months</li> <li>Off kelp or vitamins with iodine for 2 weeks</li> </ul>	15 minutes ( <i>1st visit</i> ) - for pill 45 minutes ( <i>2nd day</i> ) – for imaging
<input type="checkbox"/> <b>THYROID SCAN ONLY</b>	<ul style="list-style-type: none"> <li>Same preparation as Thyroid Uptake Scan</li> </ul>	45 minutes



**PRIVACY POLICY DOCUMENTATION**  
via QR code link below or via Southlake's  
privacy office webpage