SouthlakeHealth

596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging

Please DO NOT cover Referring Physician information

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

Patient Name: *(print first, last)*		**Date of Birth:** dd / mm / yy
Address: Street Number + Name	Apartment	**Patient Weight:** _____ **kg**
City	Province Postal Code	**Cell:** ( )
Health Card Number:	**Version Code:**	**Home:** ( )
Other Insurance:	**Email:**	

Patient DOES NOT consent to be contacted via: ☐ Text ☐ Email (for patient privacy information see the next page)

Patient not available: From: dd / mm / yy To: dd / mm / yy Reason: _____

Hoyer Lift Required? ☐ Yes ☐ No **Patient arriving by Ambulance Transfer?** ☐ Yes ☐ No

Is the patient pregnant or breastfeeding? ☐ No ☐ Yes **Venous access in situ:** ☐ Port ☐ PICC

Clinical History and Diagnostic Question:

EXAM REQUIRED *(check all that apply)*

Endocrine
- ☐ Parathyroid
- ☐ Thyroid Uptake & Scan
- ☐ Thyroid Scan Only
- ☐ Thyroid Therapy
- ☐ Whole Body Iodine Scan

Neurological
- ☐ Brain Perfusion
- ☐ CSF Flow Scan
- ☐ CSF Shunt Study

Respiratory
- ☐ Ventilation/Perfusion Lung
- ☐ VQ with Quantification

Gastrointestinal
- ☐ Liver/Spleen
- ☐ R.B.C Liver
- ☐ Hepatobiliary (HIDA)
- ☐ Gastric Emptying
- ☐ Salivary
- ☐ GI Bleed
- ☐ Meckel's Scan

Skeletal
- ☐ Bone Scan - Whole Body
- ☐ Bone Local Site - (Specify/ laterality):

Genitourinary
- ☐ Renal Scan (GFR)
- ☐ Renal Scan (GFR) with Furosemide [Lasix]
- ☐ Renal Captopril
- ☐ Renal Cortical Scan

Other Nuclear Medicine
- ☐ Gallium Scan *(Specify):*
- ☐ Sentinel Node *(Specify/Laterality):*
- ☐ Other *(Specify):*

Cardiac
- ☐ Amyloid Scan
- ☐ Ventricular Function (MUGA) Rest

Cardiac Perfusion (Myoview)
- ☐ Exercise
- ☐ Dipyridamole (Persantine)

Indicate reason

Referring Physician to advise regarding medication

PATIENT PREPARATION / INFORMATION. Please read instructions carefully.

- No Preparation – estimated time 20 minutes (first visit), 1 hour (second visit) for imaging
- No Preparation – estimated time of test is 1 ½ hours
- May have a light breakfast morning of your test (i.e. toast or cereal)
- No caffeine/decaffeinated products/beverages for 24 hrs prior to test
- Bring list of current medications
- You may be at the hospital for 4 to 6 hours
- Wear loose clothing and comfortable shoes.

➡ **24 hours** before appointment, stop: ☐ Medications with Caffeine

➡ **48 hours** before appointment, stop:
- ☐ Beta Blockers
- ☐ Diltiazem/Verapamil
- ☐ Dipyridamole/acetylsalicylic acid (Aggrenox)
- ☐ Sildenafil, Tadalafil (Viagra, Cialis, etc.)

➡ **4 days** before appointment, stop:
- ☐ Theophylline (Uniphyl, etc..)

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

SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9
T: 905-895-4521
F: 905-830-5966
southlake.ca

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

PATIENT PREPARATION:		ESTIMATED TIME IN NUCLEAR MEDICINE
CARDIAC		
☐ Amyloid Scan	• No Preparation	20 minutes *(1st visit)*, 1 hour *(2nd visit)* for imaging
☐ Ventricular Function (MUGA) Rest	• No Preparation	Estimated time of test is 1 ½ hours
☐ Cardiac Perfusion (Myoview)	• May have a light breakfast morning of your test (i.e. toast or cereal) • No caffeine/decaffeinated products/beverages for 24 hrs prior to test • Bring list of current medications • Wear loose clothing and comfortable shoes.	You may be at the hospital for 4 to 6 hours
☐ **BONE**	• No preparation	20 minutes *(1st visit)* - for injection, you may leave the department after. 1 hour *(2nd visit)* – Return 2 to 4 hours later for imaging
☐ **BRAIN SPECT**	• No caffeine or alcohol for 24 hrs before scan • Bring a list of your medications	2 hours
☐ **GALLIUM**	• No preparation	15 minutes *(1st day)* – for injection 45 minutes *(2nd day)* – for imaging
☐ **HIDA**	• Nothing to eat or drink after midnight	1 to 3 hours
☐ **GASTRIC EMPTYING TEST (GET)**	• Nothing to eat or drink after midnight • Notify the department if you have an allergy to eggs (905-895-4521, ext. 2564)	2 hours
☐ **LIVER OR LUNG**	• No preparation	1 hour
☐ **MECKELS**	• 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. • 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	1 to 2 hours
☐ **PARATHYRIOD SCAN**	• No preparation	1 hour *(1st visit)* 2 appointment times ½ hour *(2nd visit)* 2 ½ to 3 hours apart
☐ **RBC LIVER SCAN**	• No preparation	1 hour *(1st visit)* 2 appointment times 40 minutes *(2nd visit)* 4 ½ to 6 hours apart
☐ **RENAL SCAN**	• Drink 3 to 4 glasses of fluids prior to arrival • May empty your bladder • Bring a list of your medications • Know your weight and height	1 ½ hours
☐ **SALIVARY**	• No preparation	1 ½ hours
☐ **THYROID UPTAKE WITH SCAN**	• Off thyroid medication for 2 weeks • No IVP or CT contrast for 2 months • Off kelp or vitamins with iodine for 2 weeks	15 minutes *(1st visit)* - for pill 45 minutes *(2nd day)* – for imaging
☐ **THYROID SCAN ONLY**	• Same preparation as Thyroid Uptake Scan	45 minutes

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

SL0455B_02 (07/26) "Diagnostic Imaging" Review (07/29)