



*Place Patient Identification Label Here*

**Nuclear Medicine Requisition**  
**Ph: (905) 377-7746 Fax (905) 373-6922**

*Please fax all requisitions to  
NHH DI Bookings at (905) 373-6922*

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ P. Code \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ D.O.B: \_\_\_\_\_

Health Card #:

WSIB Claim #: \_\_\_\_\_ (HC version code)  
 DI will contact patient directly with an appointment unless this box is checked  
 Speak to Patient only  Patient's consent to leave message  
 Contact POA or other \_\_\_\_\_  
 Contact's Name: \_\_\_\_\_ Tele#: \_\_\_\_\_

**Ordering Physician/Practitioner Data**

Name: \_\_\_\_\_  
 OHIP Billing #: \_\_\_\_\_ CPSO #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Copies To: \_\_\_\_\_  
(Include Address)

**Clinical History / Indication: (Required)**  
 Please print or write legibly

**General Nuclear Medicine**

- ◇ Biliary Scan (HIDA)
  - Gallbladder function with CCK
- ◇ Bone Scan - Whole Body
- ◇ Bone Scan – Specific Site:  
Specify \_\_\_\_\_
- ◇ Brain Scan – Cerebral Perfusion with SPECT
- ◇ Gallium Scan – Whole Body
- ◇ Gallium Scan – Specific Site :  
Specify \_\_\_\_\_
- ◇ Lung Scan – Ventilation and Perfusion (VQ)
- ◇ Liver/Spleen Scan (RES)
- ◇ Meckel's Diverticulum Scan
- ◇ Parathyroid Scan
- ◇ RBC Liver Scan (? Hemangioma)
- ◇ Renal Scan – Dynamic (GFR)
  - Renal Scan – ACE Inhibitor (with Captopril)
  - Renal Scan – Diuretic (with Lasix)
- ◇ Thyroid Uptake and Scan (24 hour RAIU)
- ◇ Thyroid Scan only
- ◇ Ventricular Function (MUGA)
- ◇ Other: Specify \_\_\_\_\_

**Nuclear Cardiology**

Myocardial Perfusion

- ◇ Exercise Stress
- ◇ Pharmacologic Stress (Persantine)
- ◇ Other: Specify \_\_\_\_\_

Patient Height \_\_\_\_\_ Weight \_\_\_\_\_

Currently on B-Blockers:  Yes  No

Previous Exam:  Yes  No

Recent Stress ECG:  Yes  No

Recent Echocardiogram  Yes  No  
 If yes to any of the above, where was the test done?

**To the Patient**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please note:** You must bring this requisition with you. Northumberland Hills Hospital is fragrance free. Perfume, after shaves or colognes, strongly scented soaps or deodorants are not permitted due to potential allergic reactions by both patients and staff.

Form: 364A (10/19)

<u>Test</u>	<u>First Visit</u>	<u>Delay</u>	<u>Second Visit</u>	<u>Patient Preparation</u>
• Biliary Scan	90 minutes	none	none	<b>NPO 8 hours prior to test</b>
• Bone Scan - Total Body	15 minutes	2 -3 hours	45 minutes	none
• Bone Scan - Specific Site	15 minutes	2 -3 hours	45 minutes	none
• Brain Scan & Flow study	20 minutes	45 minutes	30 minutes	none
• Gallium Scan - Total Body	15 minutes	1-3 days	1 - 2 hours	technologist will instruct patient at first visit
• Gallium Scan - Specific Site	15 minutes	1-3 days	45 minutes	technologist will instruct patient at first visit
• Lung Scan (ventilation and perfusion)	45 minutes	none	none	<b>CXR done within 24 hours or must have req. for CXR</b>
• Liver/Spleen Scan (RES)	45 minutes	none	none	No barium studies done in last 3 weeks
• Meckel's Diverticulum	1 hour	none	none	<b>NPO 4 hours prior to test</b>
• Parathyroid Scan	30 minutes	3 hours	30 minutes	none
• RBC Liver Scan (Hemangioma)	1 hour	1.5 - 2 hours	30 minutes	none
• Renal Scan - Dynamic (GFR)	45 minutes	none	none	Drink 3 glasses of clear fluid each hour for 2 hours prior to test. <b>You may use the washroom during this time</b>
• Renal Scan - Diuretic (with Lasix)	90 minutes	none	none	<b>Note any allergies to sulfonamides</b> , same prep as Dynamic (GFR) Renal scan
Renal Scan - ACE Inhibitor (Captopril) **consult with technologist when booking	90 minutes	none	none	<b>Consult technologist about discontinuation of ACE inhibitors</b> , same prep as Dynamic (GFR) renal scan
• Salivary Scan	45 minutes	none	none	<b>none</b>
• Thyroid - Uptake & Scan	15 minutes	24 hours	45 minutes	<b>Discontinue Thyroxine or thyroid supplements for 3 weeks prior to test, discontinue anti-thyroid meds 1 week prior</b>
• Thyroid - Scan only	45 minutes			<b>Discontinue Thyroxine or thyroid supplements for 3 weeks prior to test, discontinue anti-thyroid meds 1 week prior</b>
• Ventricular Function (MUGA)	45 minutes	none	none	<b>Bring list of medications on day of exam</b> <b>No caffeine 6 hours prior</b>

**Patients:**

Nuclear Medicine examinations require up to three possible stages

**First visit:** You will be given an injection (into a vein in your arm). Some images may be taken

**Delay:** You may need to return for additional images after the delay. The technologist will give you instructions

**Second visit:** The technologist will give you a return time for this part if images are required

**Physicians:**

Consult with Nuclear Medicine Technologist (905) 372-6811 x3844 with regards to ordering any test not listed above.

The Radiologist on duty reserves the right to alter the examination requested if booked incorrectly or if inappropriate -

Every effort will be made to contact you or your office in this event.

Form: 364 pg. 11(09/06;02/10;05/10;03/14;12/17; 10/19)