WOODSTOCK HOSPITAL Central Bookings  Phone: 519-421-4204 Fax: 519-421-4241 MMM DD YYYY Address:	NUCLEAR MEDICINE REQUISITION		Patient Information:				
Name (Please Print):	310 Juliana Drive Woodstock, ON N4V0A4 Phone: 519-421-4204 Fax: 519-421-4241 Central Bookings Phone: 519-537-2381 Fax: 519-421-4238  Referring Physician or		Address:Phone Number (Home):				
Copy to:	Name (Please Print): Phone: Fax:  Ordering Physician or Authorized Health Care Provider		□ WSIB? (Please include approval for specific exam)     Claim Number: Date of injury:      □ 3 <sup>rd</sup> Party or Insurance (Company or Self-pay):      □ Patient Pregnant □ Patient Breast feeding      Does this patient have special needs or impairments?  (Please specify):				
Please submit completed requisition and all supporting documentation by fax to Central Bookings: 519-421-4238  Examination(s) Requested:  Note: Nuclear Medicine scanner weight limit is 500 pounds  SKELETAL  LUNG  GALLIUM  ENDOCRINE  Lymphoma  Date original Sparcoid  BILIARY (HIDA)  CARDIAC  KIDNEY *  Cholecystitis  Post Cholecystectomy  Contractility (fat meal) Biliary Leak  GI  GI  GI  GI  SENTINEL NODE  Date collected: Captopril (for Hypertension)  SENTINEL NODE  Breast  Melanoma (specify area): Melanoma (specify	Copy to:  Call Report to (Phone Number	·):	<b>,</b> (, eas	оптот схатт,			
Examination(s) Requested:       Note: Nuclear Medicine scanner weight limit is 500 pounds         SKELETAL       LUNG       GALLIUM       ENDOCRINE         □ Bone       □ Ventilation Perfusion □ Aspiration       □ Lymphoma □ Parathyroid □ Thyroid Scan □ Uptake         □ BILIARY (HIDA)       CARDIAC       KIDNEY ❖         □ Cholecystitis □ Post Cholecystetiomy □ Post Cholecystectomy □ Persantine (MIBI) □ Persantine (MIBI) □ Routine Renogram □ Lasix □ Captopril (for Hypertension)       Date collected: □ Da							
SKELETAL    Bone							
Aspiration	SKELETAL	LUNG	GALLIUM	ENDOCRINE			
☐ Cholecystitis       ☐ Exercise (MIBI)       ☐ Persantine (MIBI)       ☐ Date collected:         ☐ Post Cholecystectomy       ☐ Persantine (MIBI)       ☐ Routine Renogram         ☐ Contractility (fat meal)       ☐ Thallium Viability       ☐ Lasix         ☐ Biliary Leak       ☐ Wall Motion (MUGA)       ☐ Captopril (for Hypertension)         GI       SENTINEL NODE       OTHER         ☐ GI Bleed       ☐ Liver or Spleen       ☐ Breast       ☐ Dacryoscintigraphy         ☐ Gastric Emptying       ☐ Salivary       ☐ Melanoma (specify area):       (tear duct)         ☐ Meckel's       ☐ RBC Hemangioma Liver       ☐ Melanoma (specify area):       ☐ Dacryoscintigraphy	☐ Bone		☐ Osteomyelitis	☐ Thyroid Scan			
□ Cholecystitis □ Exercise (MiBI) □ last 60 days): Date collected:	BILIARY (HIDA)	CARDIAC	KIDNEY *				
☐ GI Bleed ☐ Liver or Spleen ☐ Breast ☐ Dacryoscintigraphy ☐ Gastric Emptying ☐ Salivary ☐ Melanoma (specify area): ☐ Hear duct ☐ Meckel's ☐ RBC Hemangioma Liver ☐ Dacryoscintigraphy (tear duct)	☐ Post Cholecystectomy ☐ Contractility (fat meal)	☐ Persantine (MIBI)☐ Thallium Viability	last 60 days): Date collected:  ☐ Routine Renogram ☐ Lasix				
☐ Gastric Emptying ☐ Salivary ☐ Melanoma (specify area): ☐ (tear duct) ☐ Meckel's ☐ RBC Hemangioma Liver ☐ (tear duct)	GI		SENTINEL NODE	OTHER			
TECHNOLOGIST NOTES:	☐ Gastric Emptying	☐ Salivary	☐ Melanoma (specify area):				
Appointment Date: Appointment Time:			Appointment Time:				

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD

Requirements and preparations for exams provided on page 2 To cancel or reschedule your appointment please call Central Bookings: 519-537-2381



## **NUCLEAR MEDICINE PREPARATION AND INSTRUCTIONS**

\* For all appointments please notify technologist if you are pregnant or breast feeding \*

* For all appointments please notify technologist if you are pregnant or breast feeding *						
EXAM	PREPARATION	DURATIO				
Bone	No preparation required	<u>Part 1</u> :	Wait 3-5			
	No barium contrast in the last 24 hours (Gastrografin contrast is ok)	30 minutes	hours	1.5 hours		
Cardiac MIBI	Follow instructions from the Ordering Physician	Duration ex	plained by	ordering		
Candia var Haa ei	Ŭ ,	physician				
Cardiac Wall Motion	No preparation required	2 hours	D 2	D 4		
Gallium	No preparation required	<u>Day 1</u> : Injection	<u>Day 3</u> : 2.5 hours	<u>Day 4</u> : 2.5 hours		
	Nothing to eat or drink from midnight the night before	injection	2.J 110ul S	2.5 110013		
Gastric Emptying	ring written list of current medications and allergies  Up to 4 hours					
Justine Emptyllig	<ul> <li>During exam you will be drinking 1 bottle of Ensure Plus</li> </ul>					
GI Bleed	No preparation required	Exam can take several hours				
GI DIECU	Nothing to eat or drink from midnight the night before	LAGIII Cali ta	INC SEVELA	1 110013		
Hepatobiliary (HIDA)	No narcotics and analgesics for 8 hours prior	1-4 hours				
	Bring written list of current medications and allergies					
	<ul> <li>During exam, a fatty meal may be given to you by the technologist</li> </ul>					
Liver-Spleen	No preparation required	1.5 hours				
Lung Ventilation and	No preparation required	1 hour				
Perfusion	Chest X-ray required within 24 hours of scan					
Meckel's Scan,						
Dacroscintigraphy	No preparation required	1 hour				
Parathyroid	No preparation required	3 hours				
RBC Liver	No preparation required	2.5 hours				
Renogram Captopril (hypertension)						
	required prior to appointment					
	No ACE inhibitors for 5 days prior	2.5 hours				
	(If medically required, ACE inhibitors may be continued throughout					
	the course of the exam with <u>reduced test accuracy</u> )					
		4 hours prior ater the morning of the exam current medications and allergies				
	The first decided and price					
	2 mm s grasses or mater the merming or the exam					
	Bring written list of current medications and allergies					
Renogram Routine,	(	rquired prior to appointment o IV contrast for 24 hours prior otify technologist if patient is allergic to furosemide (or sulfa drugs) rink 3 glasses of water the morning of the exam				
	required prior to appointment					
	·					
Renogram Lasix						
Calinami	Bring written list of current medications and allergies  No the world blocking a post (Pour blocket and in a) for 48 hours gries.	1 have				
Salivary	No thyroid blocking agents (Perchlorate or iodine) for 48 hours prior	1 hour  Exam can take several hours				
Sentinel Node	Exam done morning of surgery. Arrive at Nuclear Medicine  Department at 7:00 am unless stated otherwise.					
	Department at 7:00 am, unless stated otherwise	tnerwise				
Thyroid	No contrast media for 2 months prior	<u>Day 1</u> :		Jay 2:		
	No PTU, Methimazole for 3 days prior	<u>Day 1</u> : <u>Day 2</u> : 1.5 hour				
	Bring written list of current medications and allergies					

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your appointment please call Central Bookings: 519-537-2381 For any questions regarding Nuclear Medicine please call: 519-421-4204

Please be aware that this is a "Fragrance Free" facility