

596 Davis Drive
 Newmarket, ON L3Y 2P9

Diagnostic Imaging - FAX: 905-830-5966

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Phone #: _____	

Nuclear Medicine Requisition

 IN-PATIENT OUT-PATIENT SRCC PATIENT ED CALLBACK

Patient Name: <i>(print first, last)</i> _____		Appointment Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Address: _____ <small>Street Number + Name</small>		Appointment Time: _____
<small>City</small> _____	<small>Province</small> _____	Arrival Time: _____
<small>Postal Code</small> _____	Version Code: _____	Hospital Record #: _____
Health Card Number: _____	WSIB Number: _____	Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>
Other Insurance: _____	Work/Other: () _____	Patient Weight: _____ kg
Home: () _____		
Patient not available: From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u> Reason: _____		
Is the patient Pregnant or Breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes		Venous Access in situ: <input type="checkbox"/> Port <input type="checkbox"/> PICC

NUCLEAR MEDICINE REQUESTS:

Please check (✓) procedure requested:

- Bone Gastric Emptying Liver Meckels RBC Liver (for Hemangioma) Salivary
 Brain SPECT HIDA (Biliary scan) Lung* Parathyroid Renal (furosemide [Lasix]) Thyroid scan only
 Gallium Other _____ Thyroid Uptake with scan

* for Lung scan, Physician's office must call Nuclear Medicine at 905-895-4521 ext. 2564, if urgent.

RELEVANT CLINICAL INFORMATION: *(must be provided and please be specific)*

PHYSICIANS:

TO SCHEDULE AN APPOINTMENT, FAX THE REQUISITION TO 905-830-5966.

PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.

PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS.

EXAM CANCELLATIONS ARE REQUIRED 48 HOURS IN ADVANCE TO UTILIZE OUR RADIOISOTOPES EFFECTIVELY.

Referring Physician: <i>(print first, last)</i> _____	CPSO # _____	Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Signature: _____	Office Phone: () _____	
Address: _____	Fax Number: () _____	

The collecting of personal information on this form is done in accordance with Southlake's Privacy Policy. Details are available on our website, www.southlakeregional.org.

Patient Preparation and Information

PATIENT PREPARATION:		ESTIMATED TIME IN NUCLEAR MEDICINE		
<input type="checkbox"/> BONE	<ul style="list-style-type: none"> no preparation 	20 minutes	(1 st visit)	1 st appointment for injection, you may leave the department after.
		1 hour	(2 nd visit)	Return 2 to 4 hours later for imaging.
<input type="checkbox"/> BRAIN SPECT	<ul style="list-style-type: none"> no caffeine or alcohol for 24 hours before scan bring a list of your medications 	2 hours		
<input type="checkbox"/> GALLIUM	<ul style="list-style-type: none"> no preparation 	15 minutes	(1 st day)	1 st day for injection
		45 minutes	(2 nd day)	2 nd day for imaging
<input type="checkbox"/> HIDA	<ul style="list-style-type: none"> nothing to eat or drink after midnight 	1 to 3 hours		
<input type="checkbox"/> GASTRIC EMPTYING TEST (GET)	<ul style="list-style-type: none"> nothing to eat or drink after midnight notify the department if you have an allergy to eggs (905-895-4521, ext. 2564). 	2 hours		
<input type="checkbox"/> LIVER or LUNG	<ul style="list-style-type: none"> no preparation 	1 hour		
<input type="checkbox"/> MECKELS	<p><i>Adults 18 years or older obtain ranitidine (Zantac etc.) pills at your local pharmacy (strength is 75 mg/pill). Take 2 pills (150 mg total) 12 hours prior to your appointment time. Nothing to eat or drink after taking the ranitidine (Zantac etc.). Children under the age of 18 will be premedicated in the department with an Intravenous solution the morning of the test. Do not give the child any food or drink after midnight.</i></p> <ul style="list-style-type: none"> estimated time = 1 to 2 hours 			
<input type="checkbox"/> PARATHYROID SCAN	<ul style="list-style-type: none"> no preparation 	1 hour	(1 st visit)	2 appointment times,
		½ hour	(2 nd visit)	2½ to 3 hours apart
<input type="checkbox"/> RBC LIVER SCAN	<ul style="list-style-type: none"> no preparation 	1 hour	(1 st visit)	2 appointment times,
		40 minutes	(2 nd visit)	4½ to 6 hours apart
<input type="checkbox"/> RENAL SCAN	<ul style="list-style-type: none"> 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 	1½ hours		
<input type="checkbox"/> SALIVARY	<ul style="list-style-type: none"> no preparation 	1½ hours		
<input type="checkbox"/> THYROID UPTAKE WITH SCAN	<ul style="list-style-type: none"> 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	(1 st visit)	1 st day for pill
		45 minutes	(2 nd visit)	2 nd day for imaging
<input type="checkbox"/> THYROID SCAN ONLY	<ul style="list-style-type: none"> same preparation as Thyroid Uptake with Scan 	45 minutes		

PATIENT INFORMATION:

- Bring your Ontario Health Card.
- Bring this requisition. Diagnostic Imaging cannot perform any procedures without a requisition signed by a Physician or Nurse Practitioner.
- Upon arrival you are required to register for your appointment at one of our Welcome Centres or Self-Serve Kiosks before proceeding to Diagnostic Imaging Reception on East 2.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.