

# Request for Nuclear Medicine

- BIRCHMOUNT**  
3030 Birchmount Road  
Scarborough, ON M1W 3W3
  **CENTENARY**  
2867 Ellesmere Road  
Scarborough, ON M1E 4B9
  **GENERAL**  
3050 Lawrence Ave East  
Scarborough, ON M1P 2V5
- First available hospital**

Outpatient  Inpatient  ED | loc. \_\_\_\_\_

**Telephone:** 416-431-8167 **Fax:** 416-431-8141

## PATIENT INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex  F  M  Other  
Last name, First name Day-Month-Year

Health card \_\_\_\_\_ Version code \_\_\_\_\_ Hospital ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Preferred Alternate

## NUCLEAR MEDICINE

### Bone scan

- Whole body  
 Specific site \_\_\_\_\_

### Gastrointestinal

- Hepatobiliary/gallbladder (HIDA)  
 Gastric emptying  
 GI bleed  
 Meckel's diverticulum  
 RBC liver scan  
 Liver and spleen

### Respiratory

- Ventilation/perfusion (VQ)  
 Quantitative lung scan

### Other

Specify \_\_\_\_\_

### Gallium (inflammation)

- Whole body  
 Specific site \_\_\_\_\_

### Genitourinary

- Renal scan ( $\pm$  diuretic)

Mandatory

eGFR \_\_\_\_\_

### Cardiac

- Cardioline perfusion with exercise  
 Cardioline perfusion with Persantine  
 Radionuclide angiogram (MUGA)

### Neurological

- Brain perfusion  
 Quantitative CT perfusion (Birchmount)

Mandatory

- Neuropsychological evaluation attached

### Endocrine

- Salivary  
 Thyroid uptake and scan

Mandatory

TSH \_\_\_\_\_ Free T4 \_\_\_\_\_

- Parathyroid

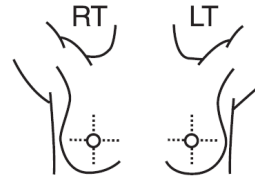
Mandatory

PTH \_\_\_\_\_ Ca \_\_\_\_\_ eGFR \_\_\_\_\_

- CT or  US attached (if available)

### Lymphatic

- Sentinel node (breast)



- Sentinel node (melanoma) site \_\_\_\_\_

## BONE MINERAL DENSITY

- Baseline
  Low risk (> 36 months)
  High risk (> 12 months)

## CLINICAL INDICATION/RELEVANT HISTORY

## BILLING

- OHIP  WSIB claim # \_\_\_\_\_  Other \_\_\_\_\_

## REFERRING PHYSICIAN

Name, address, fax, phone, billing number:

Send copies to:

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## **Nuclear Medicine Exam Preparations**

**Bone Scan:** Patient receives an injection and imaging will be performed 2-3 hours later. During the 2-3hrs, the patient is encouraged to drink 3, 8oz glasses of fluids voiding often. Patients on restricted fluids should review the prep with the technologist.

**Hepatobiliary/Gallbladder:** Patient's must not eat or drink anything 12 hours prior to the examination.

**Gastric Emptying:** Patient's must not eat or drink anything 12 hours prior to the examination.

**GI Bleed (Meckel's):** Patient's must not eat anything from midnight before the test.

**Gallium:** No Preparation. Instructions from the technologists regarding scan times of 48hrs, 72hrs or further delays.

**Renal Scan:** Patients are encouraged to drink 2-3, 8oz glasses of water prior to the examination and empty bladder as needed. Patients on restricted fluids should review the prep with their physician. Please bring a list of medications.

**Cardiolite with Exercise and or Persantine:** Please refer to instructions on SHN Cardiology requisition or information from the referring Cardiologist.

**Thyroid Scan with Uptake:** This is a two-day exam. The patient should consult their physician in regards to stopping their thyroid medication 3 weeks prior to the test. No contrast media one month prior to the test.

**Day 1:** Patient must not eat 4 hours prior to the test, patient receives a radioactive pill and returns 4 hours later for monitoring.

**Day 2:** Patients neck is monitored and then the patient is given an injection in the arm for imaging.

Please bring any thyroid ultrasound results and thyroid function blood work results.

**Parathyroid Scan:** Patient receives an injection with immediate imaging and will return in 2 hours for delayed imaging. No restrictions prior to the test, and please include blood work results for PTH, Ca and eGFR.

**Bone Mineral Density (DEXA):** Patient to wear loose clothing like sweatpants with no zippers or metal. Patient must not take calcium pill the night before or morning of the test. Please ensure that the patient has not had a Nuclear Medicine test within two days prior to the appointment. Please ensure that the patient has not had a Barium X-ray or CT scan with contrast within the last three weeks.