

# NUCLEAR MEDICINE REQUEST FORM

Referred by: (PLEASE PRINT)



268 Grosvenor Street  
5<sup>th</sup> Floor, Room B5-204  
Ph. 519-646-6000 Ext. 64137  
Fx. 519-646-6135

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ PC: \_\_\_\_\_

Phone No.: \_\_\_\_\_

DOB (yy/mm/dd): \_\_\_\_\_

### INSURANCE:

OHIP NO.: \_\_\_\_\_ ( ) version code

WSIB NO.: \_\_\_\_\_

ACCIDENT DATE: \_\_\_\_\_

OTHER: \_\_\_\_\_

CLINICAL PROBLEM: \_\_\_\_\_

PREGNANCY/BREAST FEEDING? YES \_\_\_ NO \_\_\_

### IMAGING (SCANS) & FUNCTIONAL STUDIES

#### SKELETAL:

- \_\_\_ BONE SCAN (req 3-5 hrs)
- \_\_\_ BONE MINERAL DENSITY – SPINE AND HIP
- \_\_\_ BONE MINERAL DENSITY – SPINE
- \_\_\_ BONE MINERAL DENSITY – HIP
- \_\_\_ BONE MINERAL DENSITY – WHOLE BODY

#### LUNG:

- \_\_\_ VENTILATION/PERFUSION
- \_\_\_ ASPIRATION STUDY
- \_\_\_ QUANTITATIVE PRE-OP

#### INFECTION/INFLAMMATION:

- \_\_\_ WHITE CELL SCAN (2 days)  
(abscess/localization)
- \_\_\_ GALLIUM SCAN
- \_\_\_ MARROW SCAN

#### CARDIAC:

- \_\_\_ REST MYOCARDIAL PERFUSION
- \_\_\_ PHARMACOLOGICAL STRESS  
(dipyridamole or persantine)
- \_\_\_ STRESS – TREADMILL EXERCISE

#### ENDOCRINE:

- \_\_\_ WB: THYROID CARCINOMA
- \_\_\_ PARATHYROID (req 2 hrs)
- \_\_\_ THYROID SCAN
- \_\_\_ THYROID UPTAKE
- \_\_\_ THYROID CONSULTATION

#### KIDNEY: (req 2-3 hrs)

- \_\_\_ ROUTINE RENOGRAM
- \_\_\_ CAPTOPRIL RENOGRAM  
(for hypertension)
- \_\_\_ LASIX RENOGRAM
- \_\_\_ CORTICAL SCAN (DMSA)
- \_\_\_ GFR (DTPA)

#### WALL MOTION & EJECTION FRACTION:

- \_\_\_ REST

#### BRAIN:

- \_\_\_ ROUTINE SCAN (req 3 hrs)
- \_\_\_ TcHMPAO PERFUSION
- \_\_\_ CSF FLOW
- \_\_\_ V-P SHUNT
- \_\_\_ CSF LEAK

#### THERAPY:

- \_\_\_ HYPERTHYROIDISM
- \_\_\_ THYROID CARCINOMA
- \_\_\_ P-32
- \_\_\_ YTRIUM KNEE THERAPY

#### GI (NON-BILIARY):

- \_\_\_ LIVER SCAN
- \_\_\_ HEMANGIOMA LIVER SCAN (req 2-4 hrs)
- \_\_\_ SPLEEN (Tc RBCs)  
(splenic remnant/splenosis)
- \_\_\_ GI BLEED LOCALIZATION  
(for active bleeding)
- \_\_\_ GASTRIC EMPTYING  
(gastric motility)
- \_\_\_ MECKEL'S SCAN
- \_\_\_ H. PYLORI
- \_\_\_ LACTOSE INTOLERANCE

#### BILIARY:

- \_\_\_ ACUTE CHOLECYSTITIS
- \_\_\_ POST-CHOLECYSTECTOMY  
SYNDROME (CCK stimulated)
- \_\_\_ GALL-BLADDER CONTRACTILITY
- \_\_\_ BILIARY LEAK
- \_\_\_ NEONATAL

#### LYMPHATIC:

- \_\_\_ LYMPHOSCINTIGRAPHY  
(Sentinel Node)
- \_\_\_ LYMPHOSCINTIGRAPHY  
(Routine)

OTHER: \_\_\_\_\_

REF. PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## PATIENT PREPARATION

<b>MYOCARDIAL PERFUSION:</b>	NPO – 4 hours Off Beta-Blockers – 24 hours Off long-acting nitrates – 4 hours Off nitroglycerine – 1 hour
<b>MYOCARDIAL PERFUSION with: DIPYRIDAMOLE (PERSANTINE)</b>	As above + <b>ABSOLUTELY NO</b> caffeine for 24 hours
<b>BILIARY (HIDA):</b>	NPO – 4 hours
<b>GASTRIC EMPTYING:</b>	NPO after midnight Hold insulin if appropriate
<b>H. PYLORI:</b>	NPO – 12 hours Off antacids – 24 hours Off H <sub>2</sub> receptor antagonists – 5 days Off proton pump inhibitors – 5 days Off antibiotics – 14 days
<b>LACTOSE INTOLERANCE:</b>	NPO – 12 hours
<b>THYROID UPTAKE/SCAN:</b>	Off T3/T4 replacement – 4 weeks Off PTU – 3 days Off Tapazole/Methimazole 6-7 days
<b>THYROID CARCINOMA THERAPY: or WHOLE BODY SCAN</b>	TSH $\geq$ 60 IU
<b>CAPTOPRIL RENOGRAM:</b>	Off enalapril 48 hours (if possible, 2 weeks) Off long-acting ACE inhibitors – 72 hrs → 2 weeks If medically required, ACE inhibitors may be continued through the course of the renogram (with reduced test accuracy).