



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>mm</u> / <u>dd</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>mm</u> / <u>dd</u> / <u>yy</u> |
| Address: _____ <small>Street Number + Name</small> | | Appointment Time: _____ |
| _____ <small>City</small> | _____ <small>Province</small> | _____ <small>Postal Code</small> |
| Health Card Number: _____ | | Version Code: _____ |
| Other Insurance: _____ | | WSIB Number: _____ |
| Home: () _____ | | Work/Other: () _____ |
| Patient not available: From: <u>mm</u> / <u>dd</u> / <u>yy</u> | | To: <u>mm</u> / <u>dd</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> _____ | Date: <u>mm</u> / <u>dd</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.
- You can pre-register for your appointment before arriving at the Hospital, online at www.southlakeregional.org or by calling 905-895-4521, ext. 2868.
- 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.