

**PATIENT INFORMATION:**

PATIENT'S NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  F  M

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ OHIP #: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

\*Note: Please see back for patient instructions and directions

Check if applicable  **STAT**

NUCLEAR CARDIOLOGY	GENERAL NUCLEAR MEDICINE	
<input type="checkbox"/> <b>MYOCARDIAL PERFUSION IMAGING (MPI)</b> with ventricular function <input type="checkbox"/> Exercise <input type="checkbox"/> Pharmacologic Stress (Persantine) <b>Indication for ordering MPI procedures:</b> <input type="checkbox"/> Abnormal Exercise / Rest ECG <input type="checkbox"/> Post M.I. <input type="checkbox"/> Atypical (variant) angina / SOBOE <input type="checkbox"/> Rule out CAD <input type="checkbox"/> Typical Angina <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>MYOCARDIAL WALL MOTION (MUGA)</b> with ejection fraction  <b>Note:</b> Please consult your doctor regarding discontinuation of Beta Blockers (48hrs), Erectile Dysfunction medications (48hrs), and Calcium Blockers (24hrs) prior to cardiac stressing.	<b>BONE SCAN</b> <input type="checkbox"/> Whole Body: _____ <input type="checkbox"/> Bone & Gallium (r/o Osteomyelitis)  <b>GASTROINTESTINAL</b> <input type="checkbox"/> Gastric Emptying Scan <input type="checkbox"/> Hepatobiliary Scan with EF <input type="checkbox"/> Liver / Spleen Scan <input type="checkbox"/> RBC Liver Scan <input type="checkbox"/> Meckel's Scan  <b>PULMONARY</b> <input type="checkbox"/> V/Q Lung Scan (Chest X-ray required < 24 hr)	<b>ENDOCRINE</b> <input type="checkbox"/> Thyroid Flow & Scan Only <input type="checkbox"/> Thyroid Uptake, Flow & Scan <b>Indication for ordering thyroid scan:</b> <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Congenital hypothyroidism <input type="checkbox"/> Neck or mediastinal mass <input type="checkbox"/> Other: _____  <input type="checkbox"/> Parathyroid Scan <input type="checkbox"/> Renal Flow & Scan <input type="checkbox"/> Renal Scan with Captopril  <b>MISCELLANEOUS</b> <input type="checkbox"/> Salivary Scan <input type="checkbox"/> Other: _____
CARDIOLOGY	CARDIAC CONSULTATION	
<input type="checkbox"/> <b>12-LEAD ELECTROCARDIOGRAM (ECG)</b>  <input type="checkbox"/> <b>ECHOCARDIOGRAM (COLOUR DOPPLER)</b> <b>Please select one of the following indications:</b> <input type="checkbox"/> Chest pain suspicious of CAD <input type="checkbox"/> Murmur <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Palpitations / arrhythmias <input type="checkbox"/> Syncope <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>EXERCISE STRESS TEST (GXT - TREADMILL)</b>  <input type="checkbox"/> <b>HOLTER MONITORING</b> A. <input type="checkbox"/> 24 hrs    B. <input type="checkbox"/> 48 hrs    C. <input type="checkbox"/> ___ hrs  <input type="checkbox"/> <b>LOOP / CARDIAC EVENT (14 days)</b>  <input type="checkbox"/> <b>24HR BP MONITOR (\$80.00 fee required)</b>	<input type="checkbox"/> <b>CONSULTATION REQUESTED</b> <input type="checkbox"/> Urgent, first available cardiologist <input type="checkbox"/> Dr. Paul Kannampuzha <input type="checkbox"/> Dr. Mansoor Husain <input type="checkbox"/> Dr. _____  <input type="checkbox"/> <b>INTERNAL MEDICINE</b>  <input type="checkbox"/> <b>CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL</b>	

Clinical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Physician: \_\_\_\_\_ Signature \_\_\_\_\_ Fax #: \_\_\_\_\_  
Print Name

Copy To: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Print Name

## PATIENT PREPARATION AND INSTRUCTIONS

### NOTES:

1. A valid health card must be shown at every visit.
2. A signed requisition by a registered physician is mandatory for all exams.
3. If you would like to cancel/ change your appointment, please notify our office at least 24 hours prior to your scheduled time.

For additional locations across Ontario, visit [www.myhealthcentre.ca](http://www.myhealthcentre.ca)

## NUCLEAR CARDIOLOGY

1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) and then nothing to eat 1 hour prior to the test.
2. Discontinue all caffeine products 24 hours prior to the test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and a light meal 1 hour prior to the test.
4. Wear loose fitting clothing (e.g. T-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all current prescription medications and check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers like Metoprolol or Atenolol, as well as Calcium Channel Blockers like Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) 48 hours prior to the test.

**MYOCARDIAL PERFUSION IMAGING** consists of 2 parts: 1. Rest Study - takes approximately 1.5 - 2 hours and consists of an injection followed by imaging. 2. Stress Study - takes approximately 2 - 2.5 hours and consists of a stress test, injection and imaging.

## GENERAL NUCLEAR MEDICINE

### BILIARY SCAN

Nothing to eat or drink 4 hours prior to appointment.

### RENAL SCAN

Drink 2 cups of water 1 hour prior to appointment.  
Bring all blood pressure medications.

### THYROID UPTAKE & SCAN

1. Bring a list of all current prescription medications and check with your physician regarding the discontinuation of any thyroid medications or supplements (should be discontinued for 3 weeks).
2. Thyroid medication (e.g. eltroxin, synthroid, thyroxine, etc.) or food containing iodine (e.g. kelp or seaweed) affect the results of this test.

THYROID UPTAKE & SCAN is performed over 2 days:

Day 1 - a capsule is taken orally and a measurement is taken (up to 1 hour).  
Day 2 - 24 hour measurement of uptake, followed by an injection and then imaging (1 hour).

## BONE SCAN

You will receive an injection. After the injection you will be free to go until your next appointment time. You will be instructed to drink 3-4 glasses of fluids and void frequently. You will return at the second appointment time for pictures.

Initial injection and images: 20 min, Later images: Approximately 1 hour

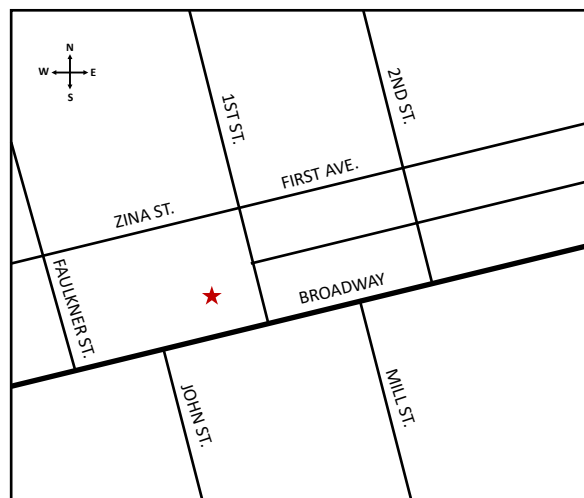
## CARDIOLOGY

### HOLTER MONITORING OR EVENT RECORDING

Please do not put any cream/lotion on your chest.  
Wear loose, comfortable clothing. Bring current list of medications.  
Please note no shower/bath is permitted during recording period.

### BLOOD PRESSURE MONITORING

Please wear blouse/shirt with short or loose fitting sleeves.  
Bring current list of medications.



## MYHEALTH CENTRE

229 Broadway, Unit 1  
Orangeville, ON L9W 1K4

Tel: 519-943-0022 | Fax: 519-943-0045

The clinic is located at the back of the LEADERS building.  
Free parking available.