

PATIENT INFORMATION:

PATIENT'S NAME: _____ D.O.B: _____ F M
 ADDRESS: _____
 TELEPHONE #: _____ HEALTH CARD #: _____
 APPOINTMENT DATE: _____ TIME: _____ WEIGHT: _____

*Note: Please see back for patient instructions and directions

Check if applicable **STAT**

NUCLEAR CARDIOLOGY

- MYOCARDIAL PERFUSION IMAGING (MPI)**
 with ventricular function
 Exercise Pharmacologic Stress (Persantine)

- MYOCARDIAL WALL MOTION (MUGA)**
 with ejection fraction

Indication for ordering MPI procedures:

- Abnormal Exercise / Rest ECG Post M.I.
 Atypical (variant) angina / SOBOE Typical angina
 Rule out CAD (CRF with symptoms) Other: _____

- MYOCARDIAL VIABILITY STUDY (THALLIUM)**

***Physician Note:** Please inform patient to stop any Beta Blockers (48hrs), Erectile Dysfunction medications (48hrs), and Calcium Blockers (24hrs) prior to cardiac testing.

GENERAL NUCLEAR MEDICINE

BONE SCAN

- Total Body
 Specific Site: _____
 SPECT

GALLIUM

- Total Body - Whitby
 Specific Site: _____
 SPECT

RENAL

- Captopril Renal
 Lasix Renal
 Renal Function (Baseline)

GASTROINTESTINAL

- Gallbladder / Biliary Scan
 Liver / Spleen Scan
 RBC Liver Scan
 Meckel's Scan

ENDOCRINE

- Thyroid Scan Only - Whitby
 Thyroid Uptake & Scan - Whitby
 Parathyroid

Indication for ordering thyroid scan:

- Hyperthyroidism
 Other: _____

***Physician Note for Thyroid Testing Only:**
 Please inform patient to stop thyroid medications 3 weeks prior to test.

BONE MINERAL DENSITY

- Baseline Study
 Follow Up

MISCELLANEOUS

- Brain Perfusion SPECT
 Lung Scan
 Salivary Scan

Clinical Information: _____

Referring Physician: _____ Print Name _____ Signature _____ Fax #: _____

Copy To: _____ Print Name _____ Fax #: _____

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

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.

RENAL CAPTOPRIL SCAN

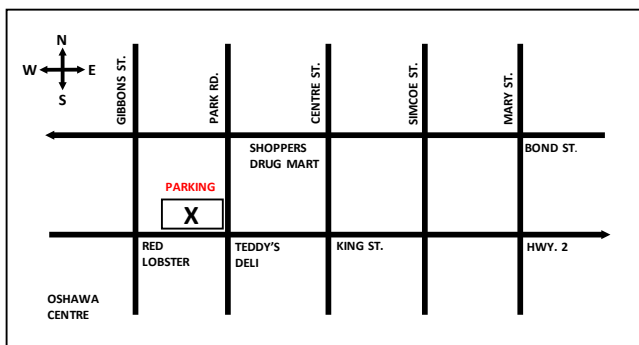
Nothing to eat 1 hour prior to test. Please drink 4 glasses of liquid (water/juice - 1 glass each hour for 4 hours before test). You may empty your bladder. Bring a list of your medications. At time of booking, patients will be informed regarding discontinuation of Ace Inhibitors, diuretics, and other anti-hypertensive medication.

THYROID UPTAKE AND 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).



OSHAWA - Parking off Bond or King

BRAIN PERFUSION IMAGING

Refrain from caffeine and alcohol the day of the test.

BONE SCAN

You will receive an injection. After the injection, you will be free to go for 2.5 hours. You will be instructed to drink 3-4 glasses of fluids and void frequently.

You will return at the second appointment time for pictures.

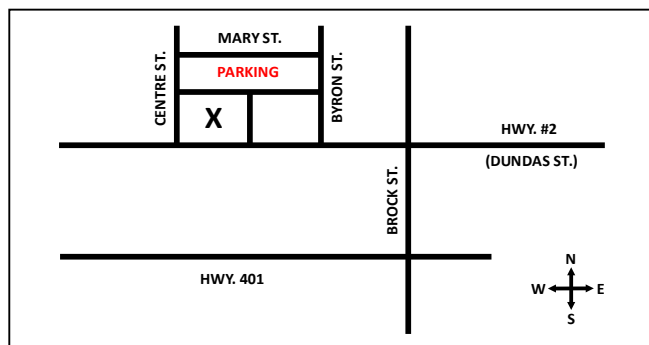
Initial injection: 20 minutes Return appointment: 1 hour

BONE MINERAL DENSITOMETRY (BMD)

Do not take calcium/vitamin supplements 24 hours prior to exam. If you have had a nuclear medicine injection or a barium study within 2 weeks, please reschedule your BMD test.

Patients are asked to wear clothing without zippers or metal attachments.

PLEASE DO NOT WEAR ANY SCENTED PRODUCTS



WHITBY - Parking at the back