MyHealth | CENTRE

Formerly: parkwaynuclear

ROSS MEMORIAL HOSPITAL, 3RD FLOOR
10 ANGELINE ST. N., LINDSAY, ON K9V 4M8
TELEPHONE: (705) 328-6171 FAX: (705) 328-6172
(please use yellow area elevator)

NAME: _____ PHONE #: _____

ADDRESS: _____ DATE OF BIRTH: _____

HEALTH CARD #: _____ VERSION CODE: _____

APPOINTMENT DATE: _____ TIME: _____

APPOINTMENT DATE: _____ TIME: _____

***** (Patient preparation information on reverse) *****
O.H.I.P. requires you to bring your current health card and requisition signed by your doctor

PROCEDURE

- ☐ **Bone Mineral Density**
- ☐ Bone scan ☐ total body ☐ flow & specific site ☐ **SPECT**
- ☐ Brain scan - **SPECT**
- ☐ Gallium scan
- ☐ Gastric emptying
- ☐ Gastro esophageal reflux
- ☐ GI Bleed
- ☐ Hepatobiliary flow & scan ☐ Ejection Fraction
- ☐ Liver/spleen - **SPECT** ☐ **RBC Liver**
- ☐ Sentinal Node Imaging
- ☐ Other studies (please specify)
- ☐ Lung scan - V/Q
- ☐ Meckel's diverticulum
- ☐ Parathyroid scan
- ☐ Renal scan - corticol
- ☐ Renal scan - GFR ☐ with captopril
- ☐ Renal scan with Lasix
- ☐ Salivary gland flow & scan
- ☐ Testicular flow & scan
- ☐ Thyroid uptake ☐ Thyroid scan
- ☐ Venogram

NUCLEAR CARDIOLOGY

- ☐ Myocardial Perfusion Study ***(no caffeine morning of test)*** ☐ Stress ☐ Persantine
- ☐ Stress ECG **only** ☐ Stress ECG **only** with cardiac consult ***(no caffeine morning of test)***
- ☐ Ventricular Function - MUGA (Wall motion & ejection fraction)
- ☐ Holter Monitor ☐ 24 hr. ☐ 48 hr. ☐ Other: _____ ***(please bring list of current medications)***
- ☐ 24 hr. Ambulatory Blood Pressure Monitor ***(not covered by OHIP)***
- ☐ Event Recorder ***(please bring list of current medications)***

CLINICAL INFORMATION: *(please provide medical history and reason for testing)*

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_____

Referring Physician: _____ M.D. Family Physician: _____ M.D.

cc: _____ M.D.

SCAN	PATIENT PREPARATION	YOUR TIME
Blood pressure monitor	This is not covered by OHIP - a charge will apply	Day 1 - 20 minutes Day 2 - 5 minutes
Bone Mineral Density	Wear pants without metal zippers or snaps if possible	20 minutes
Bone scan	No restrictions	1st visit - 5 minutes Return in 2 hours for scan - 1/2 hour
Brain scan	No restrictions	2 hours
Event Recorder	Bring in a list of current medications	Day 1 - 20 minutes Day 2 - 5 minutes
Gallium scan	No restrictions	Day 1 - 5 minutes Day 2 - 1/2 hour Day 3 - 1/2 hour
Gastric emptying	Nothing by mouth overnight	1-3 hours
Gastric esophageal reflux	Nothing by mouth overnight	45 minutes
G.I. Bleed	No restrictions	1-3 hours
Hepatobiliary flow & scan (HIDA)	Clear liquids only from midnight on	1-4 hours
Holter monitor	Bring in a list of current medications	Day 1 - 20 minutes Day 2 - 5 minutes
Liver SPECT	No restrictions	
Lung scan	No restrictions	45 minutes
Meckel's scan	Clear liquids only from midnight on	1 hour
MUGA scan	No restrictions	45 minutes
Myocardial Perfusion (stress)	Off Beta Blockers - 48 hours (only if instructed by doctor) **No caffeine or decaf. morning of test**/have a light meal No powder or cream on skin **Inform Technologist of use of erectile dysfunction meds**	3 hours
Myocardial Perfusion (Persantine)	Off Theodur/Theophylline - 48 hours **No caffeine or decaf. morning of test**/have a light meal No powder or cream on skin **Inform Technologist of use of erectile dysfunction meds**	3 hours
Parathyroid scan	No restrictions	1st visit - 30 minutes return in 3 hours 2nd visit - 30 minutes
RBC Liver	No restrictions	1st visit - 20 minutes return 2-3 hrs. - 45 min.
Renal scan	Well hydrated (do not hold, can empty bladder)	45 minutes
Salivary gland scan	No restrictions	1/2 hour
Testicular scan	No restrictions	1/2 hour
Thyroid Uptake	Off thyroid medications - 4 weeks	Day 1 - 5 minutes Day 2 - 45 minutes
Thyroid scan	Off thyroid medications - 4 weeks	30 minutes
Venogram	No restrictions	45 minutes

PLEASE INFORM THE TECHNOLOGIST IF YOU ARE PREGNANT OR BREASTFEEDING