



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

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

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*)

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	1 st 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	1 st visit - 30 minutes return in 3 hours 2 nd visit - 30 minutes
RBC Liver	No restrictions	1 st 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