

Ross Memorial Hospital
 10 Angeline Street North, 3rd Floor (Yellow Elevator)
 Lindsay, ON K9V 4M8
 T: 705-328-6171 | F: 705-328-6172 | E: lindsay@myhealthcentre.ca

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: URGENT

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____

Health Card #: _____

Gender: _____ Height (cm): _____ Weight (kg): _____

Reason for Referral:

ISOLATION PRECAUTIONS – FOR RMH PATIENTS

Not Required Airborne Droplet Contact C Difficile

BONE MINERAL DENSITY & NUCLEAR MEDICINE

- | | |
|---|--|
| <input type="checkbox"/> Bone Mineral Density (please bring a list of medications & supplements) | <input type="checkbox"/> Meckel's Diverticulum |
| <input type="checkbox"/> Bone Scan <input type="checkbox"/> Total Body <input type="checkbox"/> Flow & Specific Site <input type="checkbox"/> SPECT | <input type="checkbox"/> Parathyroid Scan |
| <input type="checkbox"/> Gallium Scan | <input type="checkbox"/> Renal Scan – GFR |
| <input type="checkbox"/> Gastric Emptying | <input type="checkbox"/> Renal Scan with Captopril |
| <input type="checkbox"/> G.I Bleed | <input type="checkbox"/> Renal Scan with Lasix |
| <input type="checkbox"/> Hepatobiliary Scan with Ejection Fraction | <input type="checkbox"/> Salivary Gland Scan |
| <input type="checkbox"/> RBC Liver | <input type="checkbox"/> Thyroid Uptake & Scan |
| <input type="checkbox"/> Sentinel Node Imaging | <input type="checkbox"/> Other Studies (please specify): _____ |
| <input type="checkbox"/> Lung Scan – V/Q | |

CARDIOLOGY

- Exercise Stress Test (GXT) only
- Exercise Stress Test (GXT) with Cardiac Consult (no caffeine morning of test)
- Holter Monitor (please bring list of current medications)
 24 hrs 48 hrs 72 hrs Other: _____
- 24hr BP Monitor (Not insured by OHIP)

NUCLEAR CARDIOLOGY

- MYOCARDIAL PERFUSION**
 (no caffeine for 12hrs + fasting for 4hrs before test)
- Exercise
- Persantine
- VENTRICULAR FUNCTION**
- Rest MUGA

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: _____ (Print Name) _____ (Signature)

Billing Provider #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: Fax HRM Other: _____

All our services require a scheduled appointment.
For the latest clinic information, or to chat live and book your appointment online, please visit MyHealthCentre.ca.

SCAN	TEST 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; Bring list of current medications	20 minutes
Bone Scan	No restrictions	1 st Visit – 15 minutes Return in 2.5 hours 2 nd Visit – 1 hour
Brain Scan	No caffeine morning of test	1.5 hours
Gallium Scan	No restrictions	Day 1 – 10 minutes Day 2 – 1-2 hours
Gastric Emptying	Nothing by mouth overnight; Off opiates, prokinetics and antispasmodics for 48 hours (only if instructed by doctor)	4 hours
G.I. Bleed	Nothing by mouth for 6 hours	2-3 hours
Hepatobiliary Scan (HIDA)	Clear liquids only from midnight on; No pain medications for 4 hours	2.5 hours
Holter Monitor	Bring list of current medications	Day 1 – 20 minutes Day 2 – 5 minutes
Lung Scan	No restrictions	1 hour
Meckel's Scan	Nothing by mouth overnight	1 hour
MUGA Scan	No caffeine for 4 hours	45 minutes
Myocardial Perfusion	No caffeine or decaf. for 12 hours; Clear fluids only for 4 hours prior to test on both days; Diabetic patients may have a light meal 2 hours prior to test; No powder or cream on skin; Off erectile dysfunction medications for 48 hours Exercise: Off Beta-Blockers for 48 hours (only if instructed by doctor) Persantine: Off Theodur/Theophylline for 48 hours (only if instructed by doctor)	Day 1 – 2 hours Day 2 – 1 hour
Parathyroid Scan	No restrictions	1 st Visit – 1 hour Return in 3 hours 2 nd Visit – 1 hour
RBC Liver	No restrictions	1 st Visit – 1 hour Return in 4 hours 2 nd Visit – 1 hour
Renal Scan	Well hydrated (You may empty bladder); Bring list of current medications	1 hour
Renal Scan with Lasix	Well hydrated (You may empty bladder); Bring list of current medications	1.5 hours
Renal Scan with Captopril	Well hydrated (You may empty bladder); Off ACEIs & ARBs for 72 hours (only if instructed by doctor); Nothing by mouth for 4 hours; Bring list of current medications	2 hours
Salivary Gland Scan	No restrictions	1 hour
Thyroid Uptake & Scan	Off thyroid replacement medications for 4 weeks; Off anti-thyroid medications for 4 days (only if instructed by doctor); Nothing by mouth for 2 hours on Day 2	Day 1 – 10 minutes Day 2 – 1 hour



- ✓ Clinic hours & services
- ✓ Chat live & book appointment online
- ✓ Test preparation in 20+ languages
- ✓ PET/CT and other specialty requisitions
- ✓ Screening precautions & infection prevention control
- ✓ Express check-in to your appointment
- ✓ Access your radiology images and reports
- ✓ Satisfaction Survey