

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: URGENT

Full Name (Birth): _____

Preferred Full Name (If Different from Birth): _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____

Health Card #: _____ Version: _____

Gender (Birth): _____ Preferred Gender (If Different from Birth): _____

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

Reason for Referral:

ISOLATION PRECAUTIONS – FOR RMH PATIENTS

- Not Required Airborne Droplet Contact C Difficile

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: _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

(no caffeine for 12hrs + fasting for 4hrs before test)

- Exercise
- Persantine

VENTRICULAR FUNCTION

- Rest MUGA

BONE MINERAL DENSITY

- Baseline
- Follow Up

Please bring a list of medications & supplements

NUCLEAR MEDICINE

BONE SCAN

- Total Body
- Specific Site: _____

GASTROINTESTINAL

- Hepatobiliary Scan (HIDA)
- Solid Gastric Emptying Scan
- GI Bleeding Scan
- Meckel's Scan

GALLIUM

- Total Body
- Specific Site: _____

ENDOCRINE

- Thyroid Uptake & Scan
- Parathyroid

RENAL

- Renal Scan with Differential Function
- Lasix Renal
- Captopril Renal

MISCELLANEOUS

- V/Q Lung Scan
- Sentinel Node
- Salivary Scan

REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: Fax HRM Other: _____

Access your patient radiology reports at MyHealthCentre.ca/Access

All our services require a scheduled appointment.
 Please provide 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
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SCAN	TEST PREPARATION	YOUR TIME
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
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
GI 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
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



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