



**Appointment**

Name: \_\_\_\_\_ Gender:  M  F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Nuclear Medicine Request**

Royal Victoria Regional Health Centre  
Imaging Services  
Tel. (705) 728.9090 ext. 43431  
Fax. (705) 739.5675

**Please inform patient of preparation and duration of test as follows:**

**Clinical Information:**

*Please include all pertinent clinical information as well as any special considerations.*

**GENERAL NUCLEAR MEDICINE**

- BONE SCAN**
  - Total Body  Site: \_\_\_\_\_
  - SPECT  SPECT/CT
- GALLIUM SCAN**
  - Total Body  Site: \_\_\_\_\_
- WHITE BLOOD CELL**
  - Tc-99m  In-111
  - Site: \_\_\_\_\_
- TAGGED RED BLOOD CELL**
  - GI Bleed  Liver Hemangioma
- PARATHYROID SCAN**
- CEREBRAL PERFUSION BRAIN SCAN**
- SALIVARY SCAN**
- LUNG SCAN (V/Q)**
- OTHER** Specify: \_\_\_\_\_
- GASTRIC EMPTYING**
- MECKELS SCAN**
- BILIARY TRACT IMAGING**
  - with fatty meal (ENSURE)
- RENAL IMAGING**
  - Differential Function  Lasix
  - Captopril (for RAS)  Parenchyma (for scarring)
- THYROID UPTAKE** (please forward ultrasound report)
- THYROID SCAN**
- SENTINEL NODE**
  - Breast (circle) R L Bilateral
  - Cervical  Vulvar
  - Melanoma Site: \_\_\_\_\_

**NUCLEAR CARDIOLOGY**

- MYOCARDIAL PERFUSION IMAGING (MYOVUE)**
  - Treadmill Stress  Persantine
- MUGA / GATED STUDY**
- THALLIUM REST/ REDISTRIBUTION/VIABILITY**

**Section 3: to be completed by the referring physician**

Referring Physician (please print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Radiologist Use ONLY:**

**See back for exam instructions →**



**Please follow the instructions relevant to your examination:**

<p><b><u>BONE SCAN</u></b>          No preparation required.          1<sup>st</sup> visit – 30 minute duration, followed by 2-3 hour wait. No restrictions during waiting period.          2<sup>nd</sup> visit – 1 hour duration.</p>	<p><b><u>GALLIUM SCAN</u></b>          No preparation required.          1<sup>st</sup> day – 30 minute duration.          2<sup>nd</sup> day – 1-2 hour duration.</p>
<p><b><u>WHITE BLOOD CELL</u></b>          No preparation.          Blood sample drawn in the morning and re-injected approximately 4 hours later. Imaging 4-24 hours after re-injection.</p>	<p><b><u>SENTINEL NODE</u></b>  <i>Please call department for booking and instructions (705) 728-9090 ext. 43431.</i></p>
<p><b><u>BILIARY TRACT IMAGING</u></b>          NPO for 4 hours prior to appointment.          No morphine/Demerol for 4 hours prior to test.          Duration 1-4 hours.</p>	<p><b><u>RENAL IMAGING</u></b>          Patient to be well hydrated upon arrival.          Duration 1-2 hours.  <b>Captopril</b> – 2 day study. <i>Please contact department for specific instructions with current list of medications.</i>  <b>Parenchyma</b> – Imaging completed 2.5-3 hours post injection.</p>
<p><b><u>GASTRIC EMPTYING</u></b>          NPO from midnight prior to appointment.          Duration 1.5-4 hours.  <i>Please notify department prior to appointment date if patient is intolerant to eggs.</i></p>	<p><b><u>PARATHYROID SCAN</u></b>          No preparation required.          1<sup>st</sup> visit – 1 hour duration, followed by 2 hour wait.          2<sup>nd</sup> visit – 30 minute duration.</p>
<p><b><u>CEREBRAL PERFUSION BRAIN SCAN</u></b>          No caffeine 12 hours prior to test.          Duration 1 hour.</p>	<p><b><u>TAGGED RED BLOOD CELL</u></b>          No preparation required.  <b>GI Bleed</b> – duration 90 minutes.  <b>Liver</b> – 1<sup>st</sup> visit – 1 hour duration, followed by a 2 hour wait.          2<sup>nd</sup> visit – 30 minute duration.</p>
<p><b><u>SALIVARY SCAN</u></b>          No preparation required.          Duration 1 hour.</p>	<p><b><u>MECKELS SCAN</u></b>          NPO after midnight prior to appointment.          Duration 1-2.5 hours (dependent on the preparation required).          Please notify department prior to appointment if patient is on gastric inhibitors (e.g., Zantac).</p>
<p><b><u>THYROID UPTAKE</u></b>          OFF thyroid medications.          PTU – To be discontinued 1 week prior. Stop Tapazole 5 days prior. Stop replacement hormones 3 weeks prior to appointment date.          No IVP or CT contrast within the last 2 months.          No seaweed or kelp within the last month.          Day 1 – NPO 4 hours prior to test. Patient will swallow capsule and return 2 hours later for duration of 15 minutes.          Day 2 – 20 minutes duration.</p>	<p><b><u>MYOCARDIAL PERFUSION IMAGING (MYOVUE)</u></b>          NPO 4 hours prior to test. (water only)          No caffeine 24 hours prior to day 1 (no decaf &amp; no chocolate) until the completion of day 2.          Hold medication morning of day 1 (unless otherwise instructed by referring physician).          Day 1 – 2.5-3 hour duration.          Day 2 – 2.5 hour duration.  <i>Letter with further instructions will be mailed to patient at the time of the appointment booking.</i></p>
<p><b><u>THYROID SCAN</u></b>          Preparation as above at the discretion of referring physician.          Duration 1 hour.</p>	<p><b><u>MUGA/GATED STUDY</u></b>          No preparation.          Duration 1-2 hours.</p>
<p><b><u>LUNG SCAN (V/Q)</u></b>          No preparation required.          Duration 1 hour.</p>	<p><b><u>OTHER:</u></b>  <i>Specific instructions to be provided at the time of the appointment booking.</i></p>
<p><b><u>THALLIUM REST/REDISTRIBUTION/VIABILITY</u></b>          NPO 4 hours prior to injection.          1<sup>st</sup> visit – 45 minute duration, followed by 2.5 hour delay.          2<sup>nd</sup> visit – 30 minute duration.          3<sup>rd</sup> visit to occur 24 hours post injection.</p>	