Waterloo Wellington Hospitals
Nuclear Medicine Requisition

OFFICE USE ONLY

Exam Date:________________

Arrival Time:________________

Exam Time:________________

Fax completed requisition to ONE Hospital:

- ❑ Cambridge Memorial Hospital: (CMH) **519-740-4904**
- ❑ Guelph General Hospital: (GGH) **519-766-9982**

****Please note that all Nuclear Medicine tests require a booked appointment**

- ❑ Kitchener Waterloo Regional Nuclear Medicine (Main Site) St. Mary's General Hospital: (SMGH) **519-749-6997**
- ❑ Kitchener Waterloo Regional Nuclear Medicine (Satellite Site): Grand River Hospital Site (GRH): **519-749-6997**

Patient Information

Other Reqs Associated to Patient? ❑ Y ❑ N

Last Name, First Name:

DOB: DD/MM/YYYY ❑ Male ❑ Female ❑ Unknown

Street Address:

City/Town:

Province: Postal Code:

Contact Number:

Home: ________________ ❑ Y ❑ N Patient consents to leave message

Other: ________________ ❑ Y ❑ N Patient consents to leave message

Preferred Language: ❑ English ❑ Other: ________________

❑ Y ❑ N **An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.**

Health Card #: VC:

WSIB? ❑ Y ❑ N Injury Date: DD/MM/YYYY

Please include Claim #: ________________

Other Insurance? Third Party or Self Pay

Specify: ________________

Required Patient Information:

Height: ________(cm) Weight: ________(kg)

- ❑ Restricted Mobility
- ❑ Pediatric Under 10 yrs
- ❑ Patient Pregnant ❑ Yes ❑ No
- ❑ Patient Nursing? ❑ Yes ❑ No
- ❑ Outpatient
- ❑ In-patient Rm/Loc________
- ❑ Patient Diabetic? ❑ Yes ❑ No If yes, please bring diabetic medications

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print):

Signature

Date

Contact #:________________ Fax#:________________

URGENCY
- ❑ Urgent
- ❑ Semi-Urgent
- ❑ Routine

Copy to (Please print)

Clinical History/Indication (reason for exam)

Select Region/Organ of Interest:

CARDIAC

Myocardial Perfusion
- ❑ Exercise Treadmill
- ❑ Pharmacologic stress

❑ Rest Only Thallium Perfusion for viability (not performed at GGH)

❑ Wall Motion (MUGA)

F/U

GI

❑ Biliary Scan

Specify:____________

- ❑ Liver/Spleen
- ❑ Liver Hemangioma
- ❑ GI Bleed
- ❑ Meckels Scan
- ❑ Salivary Scan
- ❑ Py Test (H-Pylori) (SMGH & GRH Only)
- ❑ Gastric Emptying (Not provided at CMH)
  - ❑ Solid
  - ❑ Liquid (GGH only)

SKELETAL

❑ Bone Scan

F/U

GU

❑ Renal Routine **-** CMH/GGH SMGH & GRH - please choose one:
- ❑ MAG 3
- ❑ DTPA

- ❑ Renal Diuretic
- ❑ Renal Captopril
- ❑ Renal Cortical

BRAIN (SMGH & GRH only)
- ❑ Brain Perfusion SPECT
- ❑ Cisternogram (CSF Flow)

LUNG
- ❑ Ventilation/Perfusion (VQ)
- ❑ V/Q with Quantitation

THERAPY (SMGH & GRH only)

❑ ________________

ENDOCRINE

❑ Thyroid Uptake/Scan ❑ Thyroid Uptake Only ________

❑ Thyroid Scan Only

For Thyroid requests, please answer:

Is patient on thyroid medications	❑ Y	❑ N
Is patient on multivitamins	❑ Y	❑ N
Has patient had a recent CT with IV contrast	❑ Y	❑ N

❑ Parathyroid

MISCELLANEOUS

❑ Sentinel Node

❑ Left Breast ❑ Right Breast ❑ Melanoma Implants ❑ Y ❑ N

Specify:

OR Date: ________________ OR Time:________

Infection/Neoplasm
- ❑ Gallium Scan
- ❑ White Cell Scan (not provided at CMH)

OTHER

❑ ________________

Please indicate location of Nuclear Medicine examination for Patient:

Cambridge Memorial Hospital 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2245 Fax: 519-740-4904 www.cmh.org	• All patients are to register in the Diagnostic Imaging Department, located on the **1st** Floor of the hospital's **A Wing**, at the indicated arrival time.
Guelph General Hospital 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **3rd Floor**, at the indicated arrival time.
Kitchener Waterloo Regional Nuclear Medicine (Main Site) **St. Mary's General Hospital** 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-6495 Fax: 519-749-6997 www.smgh.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1st Floor**, at the indicated arrival time.
Kitchener Waterloo Regional Nuclear Medicine (Satellite Site) **Grand River Hospital** 835 King St. W Kitchener ON N2G 1G3	Telephone: 519-749-6495 Fax: 519-749-6997 www.grhosp.on.ca	• All patients are to register in the Department of Medical Imaging, located on the **2nd** Floor of the hospital's **D Wing**, at the indicated arrival time.

How to prepare for your Nuclear Medicine Examination

Type of Study	Patient Preparation	Expected Time	Visit Detail
BONE	No preparation	1st Visit: 15 Minutes 2nd visit: 1 hour	1st visit: Injection 2nd visit 2-4 hours later Imaging
BRAIN	Nothing to eat or drink 4 hours before test	2-4 hours	Injection upon arrival followed by Imaging
GALLIUM	No preparation	1st Visit: 15 Minutes 2nd visit: 1-2 hours	1st visit: Injection 2nd visit: Imaging
GASTRIC EMPTYING (GET)	• Nothing to eat or drink after midnight • Notify department if you have an allergy to eggs, food restrictions or are Type I diabetic • Diabetic patients, bring insulin and glucose monitor • Check with your doctor about stopping medications	4 hours	Provided a standardized meal and Imaging up to 4 hours.
LIVER & SPLEEN SCAN	No preparation	45 minutes	Injection upon arrival followed by Imaging
LUNG SCAN (V/Q)	Need recent CXR 24-48 hours prior to lung scan (GGH only)	1 hour	Imaging immediately
MYOCARDIAL PERFUSION	Please refer to separate listing of instructions provided by your physician	1st Visit: up to 2 hours 2nd visit: up to 3 hours	Please refer to separate listing of instructions provided by your physician
PARATHYROID	No preparation	Up to 4 hours	Injection upon arrival 1st imaging at 15 minutes 2nd imaging at 3-4 hours
RENAL DIURETIC	Drink 3-4 glasses of fluids/water prior to test	1 hour	Injection upon arrival followed by Imaging
RENAL with CAPTOPRIL	• Check with your doctor about stopping medications • Drink 3-4 glasses of fluids/water prior to test • No food 4 hours prior to test • Bring a list of medications	1st Visit: 2 hours 2nd visit: 45 minutes may be required based on results of 1st visit	1st Visit: Oral Captopril given upon arrival Injection at 1 hour followed by Imaging 2nd Visit: Injection upon arrival followed by Imaging
SALIVARY	No preparation	1 hour	Injection upon arrival followed by Imaging
SENTINEL NODE	No preparation	2 hours	Injection upon arrival followed by Imaging
THYROID UPTAKE AND SCAN	• Check with your doctor about stopping medications • No CT contrast for 30 days prior to test	1st Visit: 15 minutes 2nd visit: 45 minutes	1st Visit: Pill ingestion 2nd visit: Injection upon arrival followed by Imaging
WALL MOTION (MUGA)	No preparation	1.5 hours	Injection upon arrival followed by Imaging

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 48 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.