



## NUCLEAR MEDICINE REQUISITION

(705) 789-2311 ext. 2535 / Fax (705) 788-1485

	Appointment Date	Time
<b>All patients should arrive 10 minutes prior to allow for registering</b>		
Name	Place Stamp or Sticker Here	
Address		
Phone Number: <small>Please check if a message can be left <input type="checkbox"/> on voicemail <input type="checkbox"/> with a person</small>		
Home		
Work		
Date of Birth		
OHIP		
Weight		

### EXAMINATION REQUESTED

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Perfusion Brain Scan<br><input type="checkbox"/> Biliary Scan<br><input type="checkbox"/> Biliary Scan with CCK<br><small>(for ejection fraction)</small><br><input type="checkbox"/> Gastric Emptying Scan<br><input type="checkbox"/> GI Bleed Scan<br><input type="checkbox"/> Liver/Spleen Scan<br><input type="checkbox"/> RBC Liver Scan<br><input type="checkbox"/> Meckel's Diverticulum Scan<br><input type="checkbox"/> Sphincter of Oddi Scan<br><input type="checkbox"/> Other: | <b>Bone Scan:</b><br><input type="checkbox"/> Specific Site: _____<br><input type="checkbox"/> Whole Body<br><input type="checkbox"/> Salivary Gland Scan<br><input type="checkbox"/> Bone Marrow Imaging<br><input type="checkbox"/> Gallium Scan – Infection<br><input type="checkbox"/> Gallium Scan – Oncology<br><input type="checkbox"/> Testicular Scan<br><input type="checkbox"/> Sentinel Lymph Node - Breast<br><input type="checkbox"/> Sentinel Lymph Node - Melanoma | <input type="checkbox"/> MUGA / RNA Scan<br><small>with ejection fraction</small><br><input type="checkbox"/> Myocardial Infarct Scan<br><input type="checkbox"/> Sestamibi Scan – Exercise<br><input type="checkbox"/> Sestamibi Scan – Persantine<br><input type="checkbox"/> Thyroid Uptake and Scan<br><input type="checkbox"/> Parathyroid Scan<br><input type="checkbox"/> V/Q Lung Scan<br><input type="checkbox"/> Renal Scan<br><input type="checkbox"/> Renal Scan with Captopril<br><input type="checkbox"/> Renal Scan with Lasix |
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*Clinical History*

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Referring Physician:	Signature
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Copies sent to:

<b>FOR OFFICE USE ONLY</b>	
Comments	<div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Date</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Injection Time</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Case Number</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Drug Number</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Radiopharmaceutical</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Dose</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Injection Site</div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;">Technologist</div>