



# Request for Nuclear Medicine Scan

Wilson Avenue Site  
 1235 Wilson Avenue, Main Floor  
 Toronto, ON M3M 0B2  
 TEL. (416) 242-1000 EXT 63311  
 FAX (416) 242-1078

The Nuclear Medicine Department is identified by the colour orange, and is located on the main floor along the main north-south corridor behind the Central Elevators.

<b>Department Use Only</b> Appointment Date (d/m/y) _____  Appointment Time _____
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Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 M  F  
 Date of Birth (d/m/y) \_\_\_\_\_ Health Card No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

<p align="center"><b>Cardiac Imaging</b></p> <p><u>Myocardial Perfusion</u></p> <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine (eg., LBBB, Non-ambulatory, Pacemaker) <p><u>MUGA</u></p> <input type="checkbox"/> Rest (No First Pass)	<p align="center"><b>General Imaging</b></p> <input type="checkbox"/> Biliary Scan (HIDA) <input type="checkbox"/> Brain Perfusion SPECT <input type="checkbox"/> Gastric Emptying (Please inform the department of an allergy or sensitivity to eggs or wheat) <input type="checkbox"/> GI Bleed <input type="checkbox"/> Liver/Spleen Scan <input type="checkbox"/> Lung Scan For Pulmonary Embolism* <input type="checkbox"/> Non-urgent Lung Scan* <b>*Non HRH CXR images within 24 hours of Lung Scan must accompany patient. If not please order:</b> <input type="checkbox"/> Chest 2 Views (PA & Lat) <input type="checkbox"/> Meckel's Diverticulum <input type="checkbox"/> Parathyroid Scan <input type="checkbox"/> RBC Liver Scan (eg., Hemangioma) <input type="checkbox"/> Salivary Gland <input type="checkbox"/> Sentinel Node Lymphangiogram <input type="checkbox"/> Testicular Scan	<p align="center"><b>Bone Scan</b></p> <input type="checkbox"/> Single Site _____ <small>PLEASE SPECIFY SITE</small> <input type="checkbox"/> Whole Body <input type="checkbox"/> Triphasic/Flow Study (eg., Osteomyelitis) <input type="checkbox"/> SPECT _____ <small>PLEASE SPECIFY SITE</small> <hr/> <p align="center"><b>Gallium Scan</b></p> <input type="checkbox"/> Single Site _____ <small>PLEASE SPECIFY SITE</small> <input type="checkbox"/> Whole Body <input type="checkbox"/> Lymphoma <hr/> <p align="center"><b>Thyroid</b></p> <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Thyroid Scan Only <input type="checkbox"/> I-131 Treatment <input type="checkbox"/> Thyroid Malignancy Follow-up
<p align="center"><b>Renal Scans</b></p> <input type="checkbox"/> Lasix (eg., Obstruction, Hydronephrosis) <input type="checkbox"/> GFR (Glomerular Filtration Rate) <input type="checkbox"/> Captopril (Renal Artery Stenosis) <input type="checkbox"/> Perfusion-MAG3 (Renal Function)		
<p align="center"><b>Other</b></p> <input type="checkbox"/> Exam Not Listed _____ <small>PLEASE SPECIFY EXAM</small>		

<input type="checkbox"/> <b>Pregnant or breastfeeding</b> <input type="checkbox"/> History of cancer <input type="checkbox"/> Diabetic <input type="checkbox"/> Dialysis patient <input type="checkbox"/> Long-term care resident/Wheel-Trans	Clinical Indication for Exam _____ _____ _____ _____
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Physician's Name (Please PRINT) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Physician's Signature × \_\_\_\_\_

**INCOMPLETE, ILLEGIBLE, AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED-PLEASE SEE REVERSE SIDE FOR EXAM PREPARATIONS**

Type of Scan	Preparation	Estimated Duration*
Biliary Scan (HIDA)	<ul style="list-style-type: none"> <li>Nothing by mouth 4 hours before your test</li> </ul>	2 hours
Bone Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	Part 1-20 minutes Part 2-30 to 60 minutes 2 to 3 hours between parts
Brain Scan	<ul style="list-style-type: none"> <li>Do not have caffeine, alcohol, or drugs that may affect cerebral blood flow</li> </ul>	Part 1-20 minutes Part 2-45 minutes 45 minutes between parts
Gallium Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> <li>You may need a bowel preparation after Day 1</li> </ul>	Day 1-20 minutes Day 2-30 to 60 minutes 1 to 3 days between visits
Gastric Emptying	<ul style="list-style-type: none"> <li>Nothing by mouth after midnight the night before your test</li> <li>Please notify the department if you have an egg or wheat allergy or sensitivity</li> </ul>	2 hours
GI Bleed	<ul style="list-style-type: none"> <li>Nothing by mouth after midnight the night before your test</li> </ul>	Day 1-3 hours Day 2-30 minutes 1 day between visits
Liver/Spleen Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	1 hour
Lung Scan	<ul style="list-style-type: none"> <li>2 views Chest X-ray images are required within 24 hours of Lung Scan</li> </ul>	1 hour
Meckel's Diverticulum	<ul style="list-style-type: none"> <li>You may be given two 75mg tablets of Zantac 1 hour before your test</li> <li>You must not have had barium in the 3 days before your test</li> </ul>	1 hour
MUGA Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	1 hour
Myocardial Perfusion	<ul style="list-style-type: none"> <li>Do not have caffeine or alcohol 24 hours before your test</li> <li>You may have a light breakfast, and you may bring lunch or a snack</li> <li>Bring a list of all your medications</li> <li>Stop any medications as instructed by your doctor</li> <li>Wear comfortable clothes and shoes</li> </ul>	4 to 6 hours
Parathyroid Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	One 10 minute scan each hour for 3 hours
RBC Liver Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	2 hours
Renal Scan (Lasix or GFR)	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	1 hour
Renal Scan (Captopril)	<ul style="list-style-type: none"> <li>Nothing by mouth 4 hours before your test</li> <li>At your doctor's discretion, stop using ACE inhibitors and/or diuretics 48 hours before your test, and/or other blood pressure medications 12 hours before your test</li> <li>Bring a list of all your medications</li> </ul>	2 hours
Renal Scan (MAG3 Perfusion)	<ul style="list-style-type: none"> <li>Drink 3 glasses of water approximately 1 hour before your test</li> <li>You must not have had iodinated X-ray/CT contrast material in the 5 days before your test</li> </ul>	1 hour
Salivary Gland	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	90 minutes
Sentinel Node Lymphangiogram	<ul style="list-style-type: none"> <li>You will be given specific instructions by your doctor</li> </ul>	Part of a full day procedure
Testicular Scan	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	30 minutes
Thyroid Uptake & Scan	<ul style="list-style-type: none"> <li>Unless instructed by your doctor, do not take thyroid medication in the 6 weeks before your test</li> <li>You must not have had iodinated X-ray/CT contrast material in the 3 weeks before your test</li> </ul>	Day 1-20 minutes Day 2-45 minutes 1 day between visits
Thyroid Scan Only	<ul style="list-style-type: none"> <li>No preparation is required</li> </ul>	30 minutes
Thyroid I-131 Treatment	<ul style="list-style-type: none"> <li>You will be given specific instructions by your doctor</li> </ul>	Varies based on treatment
Thyroid Malignancy Follow-Up	<ul style="list-style-type: none"> <li>You will be given specific instructions by your doctor</li> </ul>	Day 1-30 minutes Day 2-60 to 90 minutes 2 days between visits

Please talk to your doctor before stopping any medications. \*Estimated duration time is for a typical test and does not include the time you may be in the waiting room prior to your test. If you have any questions about your Nuclear Medicine test, please call the Medical Imaging Department at (416) 242-1000 EXT 63311.