

NUCLEAR MEDICINE REQUISITION

- | | | |
|--|-------------------|------------------------------|
| <input type="checkbox"/> University Hospital (UH) | Fax: 519-663-3860 | Tel: 519-685-8300 ext. 37080 |
| <input type="checkbox"/> Victoria Hospital (VH) | Fax: 519-667-6734 | Tel: 519-685-8300 ext. 56274 |
| <input type="checkbox"/> St. Joseph's Hospital (SJH) | Fax: 519-646-6135 | Tel: 519-646-6000 ext. 64137 |

1. PATIENT INFORMATION (attach label or complete):

Last name: _____
 First Name: _____ Middle Initial: _____
 Gender: _____ Date of birth (YYYY/MM/DD): _____
 Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____
 Alternate Phone: _____

2. INSURANCE/ BILLING

Health card number: _____
 Version Code: _____
 WSIB #: _____
 Accident date: _____
 CRIC #: _____
 Other: _____

3. REFERRED BY (please print):

Name: _____
 OHIP Billing #: _____
 Tel.: _____
 Fax #: _____
 CC Physician: _____
 Date: _____
 Signature: _____

4. CLINICAL INDICATION:

Height _____ cm Weight _____ kg
 Pregnancy/Breastfeeding: Yes

5. IMAGING & FUNCTIONAL STUDIES REQUESTED

Brain:

- Cerebral Blood Flow (Dementia)
- CSF Leak
- CSF Circulation (NPH)
- CSF Shunt

Endocrine:

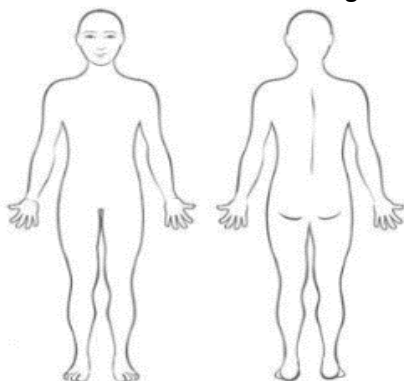
- Parathyroid Scan
- Thyroid Uptake + Scan
- Thyroid Metastatic Survey
- Octreotide
- MIBG

Therapy:

- Thyroid Consult
- Neuroendocrine Consult

Lymphatic:

- Lymphangiogram
- Sentinel Node (mark lesion below)
Surgery D/T _____
Mark location with X on image:



Biliary:

- HIDA (Cholecystitis)
- HIDA (Post Cholecystectomy)
- Biliary Leak
- Biliary Atresia

Pulmonary:

- V/Q (Pulmonary Embolism)
- V/Q (Pulmonary Hypertension)
- Quantitative Lung Study
- Aspiration Study

Skeletal:

- Bone Scan
- Bone Mineral Density
Choose:
 hip/spine total-body IVA

Infection/ Inflammation

- White Cell Scan
- Osteomyelitis
- Other: _____
- Gallium Scan

Renal:

- Renogram
- Lasix Renogram
- ACE Inhibitor Renogram
- Cortical Scan (DMSA)
- GFR (DTPA)

Cardiac:

- Myocardial Perfusion Stress Test**
- Coronary Calcium Score
- Coronary CT Angiography
- **Clinic note must be included****
- Wall Motion & Ejection Fraction (MUGA)
- Myocardial Viability (Thallium)
- Cardiac Shunt Analysis
- Cardiac Amyloid Study

GI (Non-Biliary):

- Gastric Emptying
Choose: Solid Liquid
- C14 Breath Test (H. Pylori)
- Esophageal Motility
- GI Bleed Localization
- Meckels Scan
- Liver/ Spleen Scan
- RBC Liver
- Denatured RBC Study (Accessory Spleen)

Miscellaneous:

- Dacryoscintigraphy
- Red Cell Mass
- Salivary Scan
- Other (indicate): _____

For Nuclear Medicine Use Only: