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**
❑ Waterloo Regional Health Network @ Midtown: (WRHN-M) **519-749-6997**
☐ @ Queen's Boulevard: (WRHN-QB)

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

Patient Information

Other Reqs Associated to Patient? ❑ Y ❑ N

Last Name, First Name:
Health Card #: VC:
DOB: ❑ Male ❑ Female ❑ Unknown
WSIB? ❑ Y ❑ N Injury Date: DD/MM/YYYY
Street Address:
Please include Claim #: _____
City/Town:
Other Insurance? Third Party or Self Pay
Province: Postal Code:
Specify: _____
Contact Number: Email:_____
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, WRHN have interpretation services available.**

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**

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)
❑ Cardiac Amyloid
❑ Cardiac Shunt Right to Left

GI
❑ Biliary Scan
Specify:_____
❑ Liver/Spleen
❑ Liver Hemangioma
❑ GI Bleed
❑ Meckels Scan
❑ Salivary Scan
❑ Gastric Emptying (Not provided at CMH)
- ❑ Solid
- ❑ Liquid (GGH only)

SKELETAL
❑ Bone Scan
❑ Bone Marrow

GU
❑ Renal Routine - CMH/GGH WRHN - please choose one:
- ❑ MAG 3
- ❑ DTPA

❑ Renal Diuretic
❑ Renal Captopril
❑ Renal Cortical

BRAIN (WRHN only)
❑ Brain Perfusion SPECT
❑ Cisternogram (CSF Flow)

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

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
❑ Thyroid Therapy (RAIU) (WRHN-QB Only)

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 and GGH)

OTHER
❑ _____

_____
Ordering Physician Name (Please print):
Contact #: _____ Fax#: _____

_____
Signature
_____
Date

URGENCY
❑ Urgent
❑ Semi-Urgent
❑ Routine

Copy to (Please print)

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.
Waterloo Regional Health Network @ Midtown 835 King St. W Kitchener ON N2G 1G3	Telephone: 519-749-6495 Fax: 519-749-6997 www.wrhn.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.
@ Queen's Boulevard 911 Queen's Blvd Kitchener ON N2M 1B2		• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1st Floor**, 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.