NUCLEAR MEDICINE REQUISITION

- ☐ University Hospital (UH) Fax: 519-663-3860 Tel: 519-663-3433
- ☐ Victoria Hospital (VH) Fax: 519-667-6734 Tel: 519 685-8300 ext. 56274
- ☐ 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: M F 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#: _____

Tel.: _____

Fax #: _____

CC Physician: _____

Signature: _____

Date: _____

4. CLINICAL INDICATION:

Height_____ cm / in Weight_____ kg / lb

Pregnancy/Breastfeeding? Yes No

5. IMAGING & FUNCTIONAL STUDIES REQUESTED

Brain:
- ☐ Cerebral Blood Flow (Dementia)
- ☐ CSF Leak
- ☐ CSF Circulation (Hydrocephalus)
- ☐ CSF Shunt
- ☐ DaT Scan

Endocrine:
- ☐ Parathyroid Scan
- ☐ Thyroid Uptake + Scan
- ☐ Thyroid Metastatic Survey
- ☐ Octreotide
- ☐ MIBG

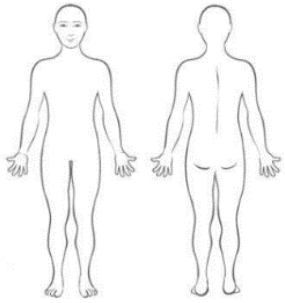
Therapy:
- ☐ Thyroid Consult
- ☐ Neuroendocrine Consult

Lymphatic:
- ☐ Lymphangiogram
- ☐ Sentinel Node (mark location below)

Surgery D/T _____

Site: UH VH SJH

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
- ☐ ***BMD*** (Bone Mineral Density) (SJH only)

Choose: Spine Hip Whole-body

Infection/ Inflammation
- ☐ White Cell Scan
  - ☐ Osteomyelitis
  - ☐ Abscess Localization
- ☐ Gallium Scan

Renal:
- ☐ Renogram

  Check for Lasix ☐
- ☐ ACE Inhibitor Renal
- ☐ Cortical Scan (DMSA)
- ☐ GFR (DTPA)

Cardiac:
- ☐ Myocardial Perfusion Stress Test**
  - ☐ Add Calcium Score
  - ☐ Add 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 (circle): 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: