



Pembroke Regional Hospital

**Diagnostic Imaging Department
Nuclear Medicine**

Fax: (613) 633-4579 / Phone: (613) 732-4141

DO YOU HAVE A COUGH DUE TO A COLD? YES NO

DATE OF LAST MENSTRUAL CYCLE: _____

APPOINTMENT: DATE: _____ TIME: _____

INPATIENT OUTPATIENT

ROOM # _____

WHEELCHAIR STRETCHER

Addressograph

PRH CPI: _____

PATIENT NAME: _____

DOB: _____

HEALTH CARD NUMBER: _____

PHONE NUMBER (HOME): _____

PHONE NUMBER (BUS): _____

PREGNANT/BREASTFEEDING: YES NO

RECENT CONTRAST MEDIA: YES NO

MAXIMUM WEIGHT – 440LBS

**NUCLEAR CARDIOLOGY:
MYOCARDIAL PERFUSION (MYOVIEV):**

- 1. EXERCISE
- 2. PERSANTINE
- 3. THALLIUM VIABILITY STUDY

VENTRICULAR FUNCTION (MUGA):

- 4. REST

GENERAL IMAGING:

BONE SCAN:

- 5. TOTAL BODY
- 6. SPECIFIC SITE _____

INFECTION IMAGING:

- 7. TOTAL BODY
- 8. SPECIFIC SITE _____

GALLIUM SCAN:

- 9. TOTAL BODY
- 10. SPECIFIC SITE _____

PULMONARY:

- 11. V/Q SCAN
- 12. PERFUSION ONLY
- 13. QUANTITATIVE

GENITOURINARY:

- 14. RENAL SCAN
- 15. RENAL SCAN WITH LASIX
- 16. RENAL SCAN WITH CAPTOPRIL

GASTROINTESTINAL:

- 17. LIVER/SPLEEN SCAN
- 18. SALIVARY SCAN
- 19. LABELED RED BLOOD CELL LIVER SCAN
(FOR HEMANGIOMA)
- 20. BILIARY SCAN
- 21. GASTRIC EMPTYING AND MOTILITY
- 22. GI BLEED
- 23. MECKEL'S SCAN

ENDOCRINE:

- 24. THYROID UPTAKE AND SCAN
IS YOUR PATIENT ON THYROID MEDICINE?
 YES NO
- 25. ¹³¹I THERAPY (FOR HYPERTHYROIDISM)
- 26. PARATHYROID SCAN

OTHER: _____

CLINICAL HISTORY:

ORDERING PHYSICIAN: _____ SIGNATURE: _____
(PLEASE PRINT)

MAIL: _____ FAX: _____

COPIES TO: _____ OFFICE PHONE: _____

DESCRIPTION	PATIENT PREPARATION	TIME
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1. 2.	YOU WILL HAVE AND IV SET UP IN YOUR ARM AND RECEIVE RADIOACTIVE INJECTION. PICTURES WILL BE TAKEN. YOU WILL WALK ON A TREADMILL &/OR RECEIVE AN INFUSION OF PERSANTINE THROUGH YOUR IV. YOU WILL RECEIVE A SECOND INJECTION OF THE RADIOACTIVE MATERIAL. A SECOND SET OF PICTURES WILL BE TAKEN	NO CAFFEINE FOR 24 HOURS PRIOR TO THE TEST. PLEASE DISCONTINUE YOUR BETA BLOCKER MEDICATION FOR 24 HOURS PRIOR TO THE TEST. AMINOPHYLLINE AND DIPYRIDAMOLE TYPE MEDICATIONS SHOULD BE DISCONTINUED FOR 24 HOURS PRIOR TO THE TEST. NO VIAGRA OR VIAGRA TYPE PRODUCT 48 HRS. PRIOR TO THE TEST. NO FOOD 4 HOURS PRIOR TO THE TEST. IF YOU ARE DIABETIC PLEASE HAVE A SMALL MEAL WITH YOUR INSULIN. PLEASE BRING COMFORTABLE CLOTHING AND SHOES AS YOU WILL BE WALKING ON A TREADMILL.	DAY 1- 2 HR. DAY 2- 1 HR.
3. 4.	YOU WILL RECEIVE AN INJECTION OF A RADIOACTIVE MATERIAL IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN.	NO PREPARATION	1 HR.
5. 6.	YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. YOU WILL HAVE A BREAK FOR 2-3 HOURS. YOU WILL RETURN FOR PICTURES	NO PREPARATION PLEASE BRING 1L OF ANY TYPE OF FLUID (JUICE, WATER ETC.) TO DRINK DURING YOUR BREAK.	4 HR.
7. 8.	PLEASE CONTACT THE NUCLEAR MEDICINE DEPARTMENT FOR A DESCRIPTION OF THE TEST		
9. 10.	YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. YOU WILL RETURN FOR PICTURES 2 DAYS AFTER THE INJECTION.	NO PREPARATION	DAY 1- 15 MIN DAY 2- 60 MIN
11. 12. 13.	YOU WILL INHALE A RADIOACTIVE AEROSAL. PICTURES WILL BE TAKEN. YOU WILL THEN RECEIVE AN INJECTION OF A RADIOACTIVE MATERIAL IN A VEIN IN YOUR ARM AND A SECOND SET OF PICTURES WILL BE TAKEN.	NO PREPARATION	1.5 HR.
14. 15.	YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN.	PLEASE DRINK 3-4 GLASSES OF FLUID PRIOR TO ARRIVAL. YOU MAY GO TO THE WASHROOM AS NEEDED.	1 HR.
16	YOU WILL RECEIVE A BLOOD PRESSURE PILL & YOUR BLOOD PRESSURE WILL BE MONITORED FOR 1 HOUR. YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN IMMEDIATELY. YOU MAY HAVE TO RETURN FOR A SECOND SET OF PICTURES.	PLEASE CONTACT THE DEPARTMENT TO GET A LIST OF MEDICATIONS THAT NEED TO BE DISCONTINUED PRIOR TO THE TEST. PLEASE DRINK 3-4 GLASSES OF FLUID PRIOR TO ARRIVAL. YOU MAY GO TO THE WASHROOM AS NEEDED.	DAY 1- 2 HR. DAY 3- 45 MIN.
17	YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN.	NO FOOD OR DRINK 4HR. PRIOR TO TEST.	1 HR.
18	YOU WILL RECEIVE TWO INJECTIONS IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN. YOU WILL HAVE A BREAK FOR 1.5 HOURS AND THEN RETURN.	NO PREPARATION	3 HR.
19	YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN. YOU MAY HAVE A BREAK AND HAVE TO RETURN FOR FURTHER IMAGES.	NO FOOD OR DRINK 4 HR. PRIOR TO TEST. NO MORPHINE 4 HR. PRIOR TO TEST.	2-4 HR.
20- 23	PLEASE CONTACT THE NUCLEAR MEDICINE DEPARTMENT FOR A DESCRIPTION OF THE TEST		
24	ON THE FIRST DAY OF YOUR TEST YOU WILL BE GIVEN A RADIOACTIVE PILL TO SWALLOW. YOU WILL THEN BE GIVEN A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN. YOU WILL BE GIVEN A TIME TO RETURN THE NEXT DAY FOR THE SECOND PART OF YOUR TEST.	THYROID HORMONES – DISCONTINUE 4 WEEKS KELP- DISCONTINUE 4 WEEKS X-RAY CONTRAST – DISCONTINUE 4 WEEKS CYTOMEL OR LIOTHRONINE – DISCONTINUE 8 DAYS ANTI-THYROID MEDICATIONS – DISCONTINUE 7 DAYS	DAY 1- 1.5 HR.- DAY 2- 20 MIN.
25	REFERRING PHYSICIAN WILL EXPLAIN THE PROCEDURE.		
26	YOU WILL RECEIVE A RADIOACTIVE INJECTION IN A VEIN IN YOUR ARM. PICTURES WILL BE TAKEN. YOU WILL HAVE A BREAK FOR 1.5 – 2.5 HR. AND RETURN FOR PICTURES.	NO PREPARATION	3-4 HR.