



Guelph Medical Imaging

83 Dawson Road, Suite 105, Guelph, ON N1H 1B1
(T) 226 314 1190 (F) 519 763 3345 www.guelphmedicalimaging.com

Patient's Last Name _____

First Name _____

Address _____

Phone # _____

Date of Birth _____

Health Card # _____

VC _____

IMPORTANT: Please bring your health card and this form to your appointment. Please follow the test specific instructions on the back of this form and arrive 10 minutes early. If you do not speak English, please bring an interpreter.

APPOINTMENT 1 DATE _____ TIME _____ AM PM

APPOINTMENT 2 DATE _____ TIME _____ AM PM

Referring Physician:

_____ M.D.

CC _____ M.D.

NUCLEAR IMAGING

BONE SCAN

- Bone Scan
- Flow which site? _____
- Specific Site: _____
- Total Body
- SPECT

CNS

- Brain SPECT (HMPAO)

PULMONARY

- Ventilation / Perfusion
- Quantitative Perfusion

LYMPHOSCINTIGRAPHY

- Sentinel Node Mapping

ENDOCRINE

- Thyroid
 - Uptake Only
 - Scan Only
 - Scan and Uptake
- Parathyroid Scan

GI STUDIES

- Salivary Scan
- Gastric Emptying
- GI Bleed
- Liver / Spleen
- RBC (Haemangioma)
- Hepatobiliary - CCK / Sincalide
- Meckel's Diverticulum

RENAL

- Routine GFR / Differential
- Lasix
- Captopril
- Cortical

INFECTION/TUMOR IMAGING

- WBC Gallium
- Whole Body
- Site _____

OTHER

- Other _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION IMAGING

- Exercise Dipyridamole (Pharmacologic stress)

Patient Weight: _____

Off Beta Blocker: Yes No _____ hrs.

VENTRICULAR FUNCTION STUDY

- Rest (MUGA)

VIABILITY STUDY

- Post Infarct

PARTS TO BE EXAMINED / CLINICAL HISTORY

Verbal/Stat Tel: _____

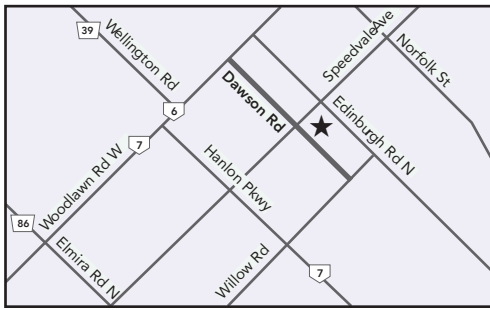
PHYSICIAN'S SIGNATURE: _____ M.D. Provider ID: _____ Date: _____

I declare to the best of my knowledge I am not pregnant nor breastfeeding.

Patient's Signature: _____

Date: _____

CLINIC CONTACT INFORMATION



83 Dawson Road, Suite 105
Guelph, Ontario N1H 1B1

Appointments:
(T) 226 314 1190 (F) 519 763 3345

Hours:
Monday to Friday: 7:00am to 5:00pm

PRE-TEST PREPARATION

NUCLEAR IMAGING

BONE FLOW AND SCAN

Preparation: None.

Duration: 20-30 minutes for injection and initial imaging. Return 2-3 hours later for additional images, which will take approximately 30 - 90 minutes.

PERFUSION BRAIN IMAGING

Preparation: None.

Duration: 30 minutes for injection. Return 1 to 1.5 hours later for tomographic imaging, which will take approximately 30 minutes.

LUNG PERFUSION AND VENTILATION SCAN

Preparation: None. A recent chest x-ray report (within 24 hours) must accompany the patient.

Duration: 1.5 hours.

SENTINEL NODE MAPPING

Preparation: None.

Duration: 1.5 hours.

THYROID SCAN

Preparation: Check with your physician regarding medication and supplements. Bring a current list of medications with you to the appointment.

Duration: 30 minutes.

THYROID UPTAKE

Preparation: No food or drink for 4 hours. Thyroid medication or food containing iodine will affect the results. Check with your physician regarding medication and supplements. No x-ray using an iodine based contrast for 3 weeks prior. Please bring a current list of medication.

- **Duration Day 1** - 15 minutes. A capsule is taken orally.

A measurement may be taken at 4 hours.

- **Duration Day 2** - 15 minutes.

GASTRIC EMPTYING

Preparation: No food or drink for 8 hours. Bring a list of current medication. If you are diabetic, please bring insulin and insulin monitor. Call office if you are allergic to eggs.

Duration: Up to 4 hours.

LIVER / SPLEEN SCAN

Preparation: No Barium Studies within 72 hours prior.

Duration: 45-60 minutes for injection and scan.

HEPATOBIILIARY STUDY

Preparation: No food or drink for 6-8 hrs but no longer than 24 hours.

Duration: 1-4 hours.

HEPATOBIILIARY with CCK

Duration: 2-4 hours.

RENAL FLOW SCAN

Preparation: Drink 32 ounces / 1 litre of water 30 minutes prior to exam. Continue to void as usual. Bring a current list of medications. Consult with your physician regarding ongoing use of your regular medications.

Duration: 1 hour.

- Renal scans with Lasix

Preparation: Drink 32 ounces / 1 litre of water 30 minutes prior to exam.

Duration: 1.5 hours.

- Renal scans with Captopril

Preparation: No food for 4 hours prior. Drink 32 ounces / 1 litre of water 30 minutes prior to exam. Patient should be off ACE Inhibitors (Angiotensin-converting-enzyme inhibitor) and ARB (Angiotensin-11 Receptor-Blocker) for 4 days unless otherwise instructed by their physician.

Duration: 1.5-2 hours.

GALLIUM SCAN / WHITE BLOOD CELL

Preparation: A recent bone scan is required for comparison with gallium studies of skeletal areas.

Duration: A 2 part study. The injection is given on day 1 and the scan is done 1-4 days later, requiring 1-4 hours.

MYOCARDIAL PERFUSION IMAGING

Exercices Preparation: Appropriate clothing is advised for exercise studies (running shoes, shorts and short-sleeved, loose T-shirt). No food 4 hours prior to exam. No caffeine 24 hours prior to tests. Patient should be off Beta-blockers and calcium blockers on the recommendation of referring physician only.

Dipyridamole (Pharmacologic stress) Preparation: No exercise clothing required.

No food 4 hours prior to exam. No caffeine 24 hours prior to tests.

For patients who have severe asthma and who are on chronic bronchodilators, Dipyridamole stress studies are contraindicated.

Duration: Myoview perfusion imaging may be performed as a 1 or 2 day study. If both rest and stress images are to be performed in 1 day, the total time required is 4½ to 5 hours. Two day Myoview studies require 2 to 2.5 hours for each of the stress and rest studies.

VENTRICULAR FUNCTION STUDIES

Rest (MUGA): No preparation required.

Duration: 1.5 hours.

Check with your physician regarding medication and that these preparations are right for you.