

**Ajax-Pickering**  
580 Harwood Ave. S  
Ajax ON L1S 2J4

**Contact Central Booking**  
**Telephone** (905) 721-4717  
**Toll Free** 1-866-232-0322  
**Fax** (905) 721-4740

☐ Out Patient    ☐ In Patient    ☐ Emergency Dept.

## Appointment

Date	Time	Chart #
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Patient's last name	First name	Initial	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth D M Y
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Address

Telephone		Health Card number						Version code		
Residence (            )	Business (            )				-			-		

Are you pregnant or nursing? ☐ Yes ☐ No      Patient's Initials \_\_\_\_\_      Previous films ☐ Yes ☐ No

## Relevant History

## Procedure Check List

Test	Preparation
<b>Bone Scan</b> <input type="checkbox"/> Specific site _____ <input type="checkbox"/> Whole body <input type="checkbox"/> SPECT <input type="checkbox"/> Flow	<ul style="list-style-type: none"> <li>No preparation. Takes approximately 3 hours.</li> </ul>
<b>Gallium Scan</b> <input type="checkbox"/> Specific site _____ <input type="checkbox"/> Whole body _____	<ul style="list-style-type: none"> <li>Two day test. No preparation for day one.</li> <li>Day one = 1/2 hour; day two = 1-2 hours.</li> </ul>
<input type="checkbox"/> Brain perfusion/SPECT	<ul style="list-style-type: none"> <li>No preparation. Takes approximately 2 hours.</li> </ul>
<input type="checkbox"/> Liver/Spleen Scan	<ul style="list-style-type: none"> <li>No preparation. Takes approximately 1 hour.</li> </ul>
<input type="checkbox"/> GI Bleed	<ul style="list-style-type: none"> <li>Nothing to eat or drink 4 hours prior to test.</li> </ul>
<input type="checkbox"/> Hepatobiliary Scan	<ul style="list-style-type: none"> <li>Nothing to eat or drink 4 hours prior to test.</li> </ul>
<input type="checkbox"/> RBC Liver/SPECT	<ul style="list-style-type: none"> <li>No preparation. Takes approximately 3 hours.</li> </ul>
<input type="checkbox"/> Meckels Scan	<ul style="list-style-type: none"> <li>Nothing to eat or drink for 12 hours prior to test.</li> <li>No barium in previous 5 days. • Takes approximately 1 hour.</li> </ul>
<input type="checkbox"/> Gastric Emptying Scan (CHC site only)	<ul style="list-style-type: none"> <li>Nothing to eat or drink for 12 hours prior to test.</li> <li>Takes approximately 2.5 hours.</li> </ul>
<input type="checkbox"/> V/Q Lung	<ul style="list-style-type: none"> <li>No preparation. Takes approximately 1 hour.</li> </ul>
<input type="checkbox"/> Thyroid Uptake/Scan	<p><b>In preparation for Thyroid area</b></p> <ul style="list-style-type: none"> <li>No contrast media for 6 weeks prior to test.</li> <li>2 day test. • Recommended thyroid meds be stopped 3 weeks prior to test.</li> <li>Nothing to eat or drink 4 hours prior to test on day one. You will be required to return 2 hours later for 5 minutes. You may have clear fluids to drink during the 2 hour period.</li> <li>On day two, a scan will be taken of your neck, which takes approximately 45 minutes. You may eat and drink normally.</li> </ul>
<input type="checkbox"/> Parathyroid Scan	<ul style="list-style-type: none"> <li>No preparation. Takes approximately 4 hours.</li> </ul>
<input type="checkbox"/> I <sup>131</sup> – Whole body scan	<ul style="list-style-type: none"> <li>May require pre-medication.</li> </ul>
<input type="checkbox"/> Renal Studies <input type="checkbox"/> DTPA or <input type="checkbox"/> MAG3 without Captopril <input type="checkbox"/> DTPA or <input type="checkbox"/> MAG3 with Captopril Dose_____mg (Std = 50 mg)	<ul style="list-style-type: none"> <li>No preparation. Eat and drink normally.</li> <li>Nothing to eat 4 hours prior to appointment.</li> <li>2 hours prior to appointment, drink 4 glasses of water.</li> </ul>
<input type="checkbox"/> Sentinel Node Imaging Breast <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Melanoma	<ul style="list-style-type: none"> <li>Nothing to eat or drink after midnight.</li> </ul>
<input type="checkbox"/> Other ( <i>please specify</i> ) _____	

## Nuclear Cardiology Studies to be booked through Cardiac Diagnosis

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.**



Diagnostic Imaging  
Nuclear Medicine Requisition

