

Molecular Imaging and Theranostics (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

<p>1. PATIENT INFORMATION (attach label or complete):</p> <p>Last name: _____</p> <p>First Name: _____ Middle Initial: _____</p> <p>Gender: M F Date of birth (YYYY/MM/DD): _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Home Phone: _____</p> <p>Alternate Phone: _____</p>	<p>2. INSURANCE/ BILLING / RESEARCH</p> <p>Health card number: _____</p> <p>Version Code: _____</p> <p>WSIB #: _____</p> <p>Accident date: _____</p> <p>Approval/CRIC #: _____</p> <p>Other: _____</p>
<p>3. REFERRED BY (please print):</p> <p>Name: _____</p> <p>OHIP#: _____</p> <p>Tel.: _____</p> <p>Fax #: _____</p> <p>CC Physician: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>4. CLINICAL INDICATION:</p> <p>Height _____ cm / in Weight _____ kg / lb</p> <p>Pregnancy/Breastfeeding? Yes No</p>

5. IMAGING & FUNCTIONAL STUDIES REQUESTED

Brain:

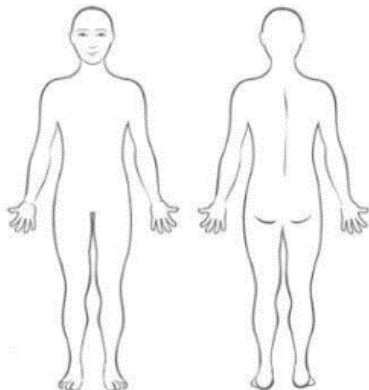
- Cerebral Blood Flow (Dementia)
- CSF Leak
- CSF Circulation (Hydrocephalus)
- CSF Shunt

Endocrine:

- Parathyroid Scan
- Thyroid Uptake + Scan
- Thyroid Metastatic Survey
- MIBG

Lymphatic:

- Lymphangiogram
 - Sentinel Node (mark location below)
- Surgery D/T _____
- Surgery 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)
- Complete St. Joseph's BMD referral form*

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)
- Cardiac Shunt Analysis
- Cardiac Amyloid Study

GI (Non-Biliary):

- Gastric Emptying
- Choose (circle):* Solid Liquid
- 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: