



**NUCLEAR MEDICINE REQUISITION**  
**Procedure and Consultation**  
**Tel (519) 751-5599**  
**Fax (519) 751-5582**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Other: \_\_\_\_\_  
 Health Card # \_\_\_\_\_  
 DOB DD/MM/YYYY \_\_/\_\_/\_\_\_\_

In Patient  Out Patient  Patient needs assistance

SUMMARY OF SIGNIFICANT HISTORY, PHYSICAL AND LABORATORY FINDINGS:

Please fill in (camera limitations) Height \_\_\_\_\_ Weight \_\_\_\_\_

**PROCEDURE REQUESTED:**

DATE SIGNATURE MD

**NUCLEAR CARDIOLOGY:**

REASON FOR TEST \_\_\_\_\_

MYOCARDIAL PERFUSION STUDY (MIBI, THALLIUM)

	YES	NO	
PRIOR MYOCARDIAL INFARCTION	<input type="radio"/>	<input type="radio"/>	
ANTERIOR	<input type="radio"/>	<input type="radio"/>	
INFERIOR	<input type="radio"/>	<input type="radio"/>	
CORONARY ARTERY BYPASS GRAFT	<input type="radio"/>	<input type="radio"/>	
EKG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ATTACHED
STRESS TEST RESULTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ATTACHED

**MEDICATIONS:** \_\_\_\_\_  
 \_\_\_\_\_

**CARDIOLOGY USE ONLY**

- PARTIAL CONSULT
- FULL CONSULT
- PERSANTINE
- STRESS

MEDICATIONS  
 HOLD \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ORDERS:**
- IV. Start IV. #20 Jelco, left arm, 100 mL. Normal Saline
  - Dipyramidole (Persantine) 0.56 mg/kg over 4 min.

**NUCLEAR MEDICINE USE ONLY**

**PHYSICIAN'S SIGNATURE**

SCAN (TYPE)	NUCLIDE & FORM	DOSE	ROUTE OF ADMIN.	DATE	TIME	INITIAL	MEDICATION	AMOUNT	DATE	TIME	INITIAL