

Patient's Last Name, First Name	DOB (DD/MM/YY)	Sex (M/F/O)	Telephone
Healthcard Number with Version Code	Appointment Date	Time	
Pertinent Clinical Information:			
Physician Signature: _____ Copy to: _____			

**NUCLEAR MEDICINE—General By Appointment**

**BONE SCAN**

- Total Body
- Specific Site \_\_\_\_\_

**BONE MARROW SCAN**

- Specific Site \_\_\_\_\_
- Other \_\_\_\_\_

**GASTROINTESTINAL**

- Hepatobiliary
- Liver/Spleen
- Hemangioma
- Meckel's Diverticulum
- Gastric Emptying

**RENAL**

- Baseline
- Captopril
- Other \_\_\_\_\_

**NUCLEAR MEDICINE—Cardiac By Appointment**

**Pertinent Clinical Information:**

- CAD
- Chest Pain
- Post MI
- Pre-Op
- Other \_\_\_\_\_

**MYOCARDIAL PERFUSION**

- Persantine Stress—Patient must be off caffeine for 24hrs, and any Theophylline containing medications for 72hrs prior to stress test.

- Treadmill Stress

Please indicate your permission for patients to discontinue beta blockers and calcium channel blockers for 48 hours prior to the Treadmill stress test

- Yes, ok to discontinue medications
- No, perform stress on medications

**WALL MOTION/EJECTION FRACTION**

- MUGA

**MYOCARDIAL VIABILITY**

- Thallium Viability
- Other \_\_\_\_\_

**CLINICAL NOTES:**

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