

Bluewater Health

Department of Diagnostic Imaging
89 Norman Street
Sarnia, ON N7T 6S3
Phone 519 464-4433 Fax 519 383-8536

In Pt & floor _____ Out Pt

Patient Name _____

Address _____

Postal
Code _____

Phone: Home _____ Work _____

D.O.B. _____ Sex M F
(DD/MM/YYYY)

Nuclear Medicine

**Please complete the following patient information.
Incomplete requests will be returned resulting in a delay of this procedure.**

Health Card No. _____ VC _____

<p>Cardiac</p> <p><input type="checkbox"/> Wall Motion (MUGA)</p> <p>Myocardial Perfusion</p> <p><input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Pharmacological</p> <p>Endocrine</p> <p><input type="checkbox"/> Thyroid Uptake & Scan</p> <p><input type="checkbox"/> Parathyroid Scan with SPECT & CT</p> <p>Genitourinary</p> <p><input type="checkbox"/> Functional Renogram</p> <p><input type="checkbox"/> Renogram with Diuretic</p>	<p>Gastrointestinal</p> <p><input type="checkbox"/> Gastrointestinal Bleed</p> <p><input type="checkbox"/> Meckel's Diverticulum</p> <p><input type="checkbox"/> Hepatobiliary (HIDA)</p> <p><input type="checkbox"/> Liver Spleen Scan</p> <p><input type="checkbox"/> RBC Liver Scan</p> <p><input type="checkbox"/> Salivary Scan</p> <p>Infection & Inflammation</p> <p>Gallium Scan with SPECT & CT</p> <p><input type="checkbox"/> Whole Body</p> <p><input type="checkbox"/> Single Site _____</p>	<p>Neoplasm</p> <p><input type="checkbox"/> Sentinel Node Scan with SPECT & CT</p> <p>Respiratory</p> <p><input type="checkbox"/> V/Q Scan with SPECT & CT</p> <p><input type="checkbox"/> Quantitative Lung Scan</p> <p>Skeletal</p> <p>Bone Scan with SPECT & CT</p> <p><input type="checkbox"/> Whole Body</p> <p><input type="checkbox"/> Single Site _____</p>
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Pertinent History, Clinical and Imaging Findings:

Physician, please **Fax** this request to the Imaging scheduling office at 519 383-8536 for processing.

Ordering Physician Signature _____ (please also print name) **Date** (DD/MM/YYYY) _____

Family Physician _____ (please print name) **Copy to Physician** _____ (please print name)

For Imaging Department use only G# _____

Appointment Date _____ at _____ hrs Code _____
(DD/MM/YYYY)

