

☐ **URGENT**

LOCATION	PATIENT INFORMATION	DOCTOR INFORMATION
<input type="checkbox"/> WATERLOO Unit # 202C, 725 Bridge St, Waterloo, ON N2V 2H1	Patient First Name : _____ Patient Last Name : _____ Patient Address : _____ _____ Patient Phone #: _____ Health Card #: _____ Date of Birth : _____	Doctor Name : _____ Doctor Address : _____ Billing No : _____ Doctor Tel #: _____ Doc Fax #: _____ Email : _____ Signature: _____

CARDIOLOGY	REASONS FOR TEST
<input type="checkbox"/> Cardiology Consultation <input type="checkbox"/> Echocardiography <input type="checkbox"/> Exercise Stress Test <input type="checkbox"/> Treadmill Stress Echo <input type="checkbox"/> Resting ECG <input type="checkbox"/> Holter Monitor 72 hours <input type="checkbox"/> ABPM Monitor <input type="checkbox"/> Spirometry	<input type="checkbox"/> Chest Pain <input type="checkbox"/> Palpitations <input type="checkbox"/> SOB <input type="checkbox"/> Syncope / Presyncope <input type="checkbox"/> Abnormal ECG <input type="checkbox"/> Dizziness, Fatigue of Unknown Origin <input type="checkbox"/> Pedal Edema / Generalized Edema <input type="checkbox"/> Obesity (BMI>29) <input type="checkbox"/> Hypertension <input type="checkbox"/> Known case of MI, Stroke <input type="checkbox"/> High Cardiac Risk Factors (Age, Ethnicity, Smoking, Dyslipidemia) <input type="checkbox"/> Other

NUCLEAR CARDIOLOGY	NUCLEAR MEDICINE
MYOCARDIAL PERFUSION <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine MYOCARDIAL VIABILITY <input type="checkbox"/> Thallium Viability Study VENTRICULAR FUNCTION <input type="checkbox"/> Rest MUGA	GASTROINTESTINAL <input type="checkbox"/> Gallbladder/Biliary Scan <input type="checkbox"/> Hepatobiliary Scan (HIDA) <input type="checkbox"/> Solid Gastric Emptying Scan RESPIRATORY <input type="checkbox"/> Ventilation/Perfusion Lung Scan RENAL <input type="checkbox"/> Renal Scan with Differential Function <input type="checkbox"/> Renal Scan Lasix <input type="checkbox"/> Renal Scan Captopril BONE SCAN <input type="checkbox"/> Total Body <input type="checkbox"/> Specific Sites _____ ENDOCRINE <input type="checkbox"/> Thyroid Scan + Uptake <input type="checkbox"/> Parathyroid Scan



ADDITIONAL COMMENTS
_____ _____

- All Cardiac patients with **Abnormal Test Results** will be seen in Consultation.
- **Contrast/Bubble** study will be performed for better images, if needed.

**48 hrs notice is required for any
Cancellations or Rebooking**

NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS:

1. Nothing to eat or drink (except sips of water for medications) for 4 hour prior to the study. No caffeine for 24 hours prior to the study (No tea, coffee, decaffeinated products, chocolate, soda or medications containing caffeine, ie: Tylenol 2,3)
2. Bring comfortable shoes, shirts and pants or shorts for exercise tests.
3. Bring all current prescription medications, and check with your physician regarding the discontinuation of any heart or erectile dysfunction medications.
4. The Spect Myoview Myocardial Perfusion protocol consists of 2 parts. The first portion lasts approximately 2-3 hours and consists of imaging followed by a stress test. The patient will then wait 45-60 minutes before additional imaging which take about 30 minutes.

NUCLEAR MEDICINE PATIENT INSTRUCTIONS:

1. Biliary scan: Nothing to eat or drink at least 4 hours prior to the study preferably after midnight the night before.
2. Bone scan: The bone scan protocol consists of 2 parts. The first portion lasts approximately 30 minutes .The patient can then leave the clinic, but must return 2-4 hours later for imaging, which lasts about 1-1.5 hours.
3. Captopril Renal Scans: Consists of 2 days. Nothing to eat 4 hours prior to the study on both days. Drink 4 glasses of water 1 hour prior to study on both days. The patient can void. Check with your physician regarding possible discontinuation of medication (ACE Inhibitors - 3 Days, Calcium Channel Blockers-1 Day)
4. Esophageal Transit Study: Nothing to eat or drink 4hours prior to the study.
5. Gastric Emptying Study: Nothing to eat or drink 4hours prior to the study.
6. Lung Scan: Bring CD or film of Chest X-ray done with in 24 hours of appointment.
7. Thyroid Scans: Check with the physician regarding the discontinuation of any thyroid medication. (Patients need to off Thyroid meds 1 week)