



### Nuclear Medicine

Patient's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_

Clinical Problem: \_\_\_\_\_ Physician \_\_\_\_\_

Allergies: Yes  No  If yes, please specify \_\_\_\_\_

Phone Report to: \_\_\_\_\_ Phone # \_\_\_\_\_

Send films to: \_\_\_\_\_ Additional reports to: \_\_\_\_\_

Patient prep code  
(please see reverse side)

Patient prep code  
(please see reverse side)

#### Nuclear Cardiology

- Myocardial Perfusion SPECT
  - Sestamibi Persantine 2,8
  - Sestamibi Treadmill 2,7
  - Sestamibi Gated Rest 2
- Myocardial Viability SPECT
  - Thallium Persantine 2,8
  - Thallium Treadmill 2,7
  - Thallium Rest 2
  - Other Cardiac Tests
  - RVG (MUGA) Rest Equilibrium 1
  - Cardiac L to R Shunt 1

#### Nuclear Oncology

- Octreoscan 11
- Proscint scan 11,12
- Gallium Scan (Lymphoma) 11,12
- MIBG - Adrenal Medulla Scan 10
- Lymphoscintigraphy 12
- Breast Melanoma 12

#### Nuclear Osteology

- Whole Body Bone Scan (Cancer Mets) 1
- Regional Bone Scan 1
- Regional Bone SPECT 1
- 3 phase Bone Scan (RSD/Stress Fracture) 1
- WBC/Bone scan (Osteomyelitis) 1
- Bone Marrow Scan 1

#### Nuclear Infection Localization

- Gallium Infection Scan 1
- WBC Scan \_\_\_\_\_ 1

#### Nuclear PET

- PET Tumor - with blood glucose 5,6
- Diagnostic CT with PET
- (Circle choice) Head/Neck/Chest/Abd/Pelvis
- PET Brain - with blood glucose 5,6

#### Nuclear Endocrinology

- Thyroid Scan 9
- Thyroid Uptake and Scan 2,9
- Radioiodine Whole Body Scan 10
- Thyrogen Radioiodine Whole Body Scan 10
- Parathyroid Scan 2

#### Nuclear Nephro-Urology

- Renogram 1
- Captopril Renogram 12
- Lasix Renogram 1

#### Nuclear Pulmonology

- Lung Ventilation/Perfusion Scan 1

#### Nuclear Therapy

- Consultation with physician 1
- I-131 Treatment Hyperthyroidism 10
- Thyrogen-stimulated I-131 Treatment Thyroid Cancer 10
- Withdrawal I-131 Treatment Thyroid Cancer 10
- Treatment Bone Metastasis 10
- Treatment Non-Hodgkins Lymphoma 10

#### Nuclear Gastroenterology

- Liver/Spleen SPECT 1
- Hemangioma RBC SPECT 1
- Gallbladder Scan 3
- Gallbladder Scan with EF 3,4
- GI Bleed (Tagged RBC) 1
- Meckel's Diverticulum Scan 3
- Gastric Emptying 3
- H-Pylori C-14 Breath Test 3,11
- Abdominal \_\_\_\_\_ Shunt 1

#### Nuclear Neurology

- Brain Perfusion SPECT 1
- Cisternogram 1
- CSF Leak 1
- CSF Shunt 1

#### Nuclear Other

- Red Cell Volume 2
- Lymphangiogram 1

For an appointment, please call Centralized Scheduling at (559) 450-5656.

**Fax these orders to (559) 450-5288**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date/Time Patient

PREOPERATIVE ORDERS ARE AUTOMATICALLY CANCELLED FOLLOWING ALL OPERATIVE PROCEDURES.



## Nuclear Medicine

### Instructions for Nuclear Medicine Procedures

Please report to the Saint Agnes Outpatient Center 30 minutes before your schedule appointment. Please bring all insurance information and any X-rays or other pertinent reports with you, along with a list of any medications you are currently taking.

If you are having a PETCT test at the Cancer Center, please report to the Cancer Center 15 minutes prior to your scheduled appointment.

#### Patient Prep Instructions:

1. No special Preparation Required (drink plenty of fluids)
2. 4 Hours of fasting required. Water is ok.
3. 12 hours of fasting required.
4. No Pain Medications in the last 24 hours.
5. 6 Hours of fasting required. Water is ok.
6. Low sugar diet for 12 hours prior to test.
7. Wear Comfortable clothing and shoes, preferably tennis shoes
8. For Persantine Studies:
  - a. For 24 Hours before the test:

Avoid all caffeine products: coffee(even decaf,) tea, chocolate, soft drinks with caffeine.

Take medications as directed by your physician.

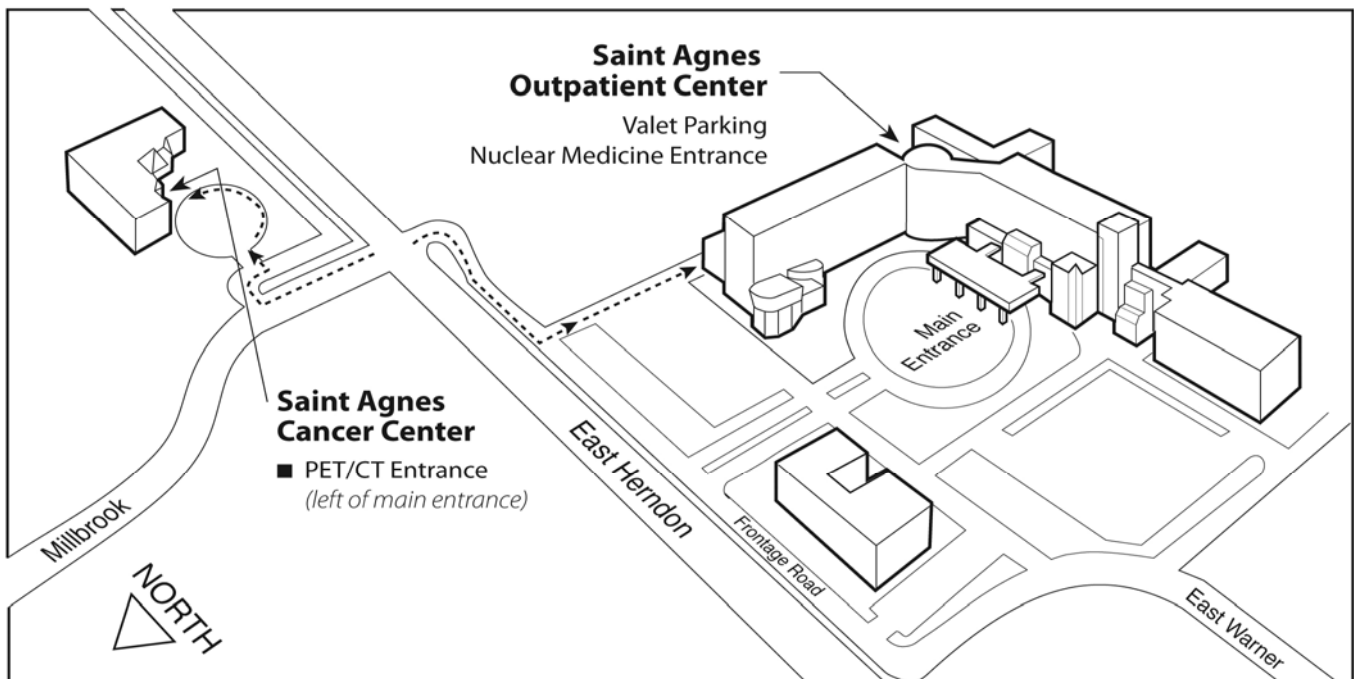
Contact the Nuclear medicine Department at Saint Agnes (559) 450-3210, if you take the following medications, as they may interfere with your test: Theophylline or Theo-Dur.

- b. For 12 Hours before the test:

Avoid foods and beverages containing sugars (honey, fruit juices and sodas)

DO NOT SMOKE tobacco.

9. Patient should be off Synthroid or equivalent for 4-6 weeks/ Cytomel or Propylthiouracil for 1 week.
10. Follow Preparation as directed by consultation with the Nuclear Medicine Physician.
11. Call Nuclear medicine Department for specific instructions at 450-3210
12. Follow preparation as directed by your primary care physician.



PREOPERATIVE ORDERS ARE AUTOMATICALLY CANCELLED FOLLOWING ALL OPERATIVE PROCEDURES.