

North Bay Regional Health Centre

Diagnostic Imaging  
Nuclear Medicine Requisition

Phone: (705)-474-8600 ext: 2820  
Fax: (705) 495-7984

Patient Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Phone #: \_\_\_\_\_

Patient requires a mechanical lift:  No  Yes Patient Weight: \_\_\_\_\_ kg

Patient will be arriving via ambulance:  No  Yes

Patient is pregnant or breastfeeding  No  Yes

Please check  Yes if this patient is currently taking any cytotoxic medications

**PERTINENT CLINICAL HISTORY REQUIRED**

Signature of Ordering Physician: \_\_\_\_\_

Print Name of Ordering Physician: \_\_\_\_\_

For non NBRHC physicians: Please include Ordering Physician # for billing purposes to avoid any delays in care # \_\_\_\_\_

- Bone Scan
- Brain Scan
- CSF Flow Scan
- CSF Shunt Scan
- Gallium Scan
- Gastric Emptying Scan
- Gastro-Pulmonary Aspiration Scan
- Gastro-Intestinal Bleed Scan
- Hepatobiliary Scan
- I<sup>131</sup> Therapy
- Lung Scan (V/Q)
- Lung Scan Quantitative
- Liver Spleen Scan
- Liver Scan for Hemangioma

- Meckel's Diverticulum Scan
- MUGA Scan (Cardiac Wall Motion)
- Myocardial Perfusion (MIBI) \*Book with Cardio Respiratory Dept. Fax 705-495-8116
- Parathyroid Scan
- Renal Scan
- Renal Scan with Captopril™
- Renal Scan with Lasix™
- Renal Cortical Scan
- Salivary Gland Scan
- Sentinel Node Scan
- Thyroid Uptake and Scan
- Thyroid Scan Only
- White Blood Cell Scan (WBC)