

Phone: +1 (647) 557-2262 Fax: +1 (905) 417-2265

Patient Information First Name Last Name OHIP # Sex Phone D.O.B//	Appointment Date / / Time Special Request
Clinical Indication Date// Signature	Physician Information Name Billing # Phone Fax Email

Email: info@vitalim.ca Website: www.vitalim.ca Address: 9600 Bathurst St. S Vaughan, ON L6A		Bill Pho	me ing # Fax ail
PLEASE	REMEMBER TO BRIN	G A VALID HEALTH CARD TO YO	UR APPOINTMENT
NUCLEAR IMAGING (By Appointment)	X-RAY (No Appointment)	ULTRASOUND (By Appointment)	BREAST IMAGING (By Appointment)
Please see preparation	Please see preparation	Please see preparation	Please see preparation
required on the back	required on the back	required on the back Abdomen	required on the back
BONE SCAN	CHEST ☐ Chest PA & LAT	☐ Abdomen & Pelvis Complete	
☐ Total Body ☐ Single Site (specify)	☐ Sternum	☐ Abdomen & Pelvis (KUB)	Right Left
	☐ SterClav. Joints	☐ Female Pelvis (includes transvaginal unless contraindicated)	MAMMOGRAPHY
CARDIAC NUCLEAR:	R L □ □ Ribs & Chest PA	Male Pelvis (transabdominal, includes	□ OBSP □ Bilateral
☐ Myocardial perfusion	I I IIIDS & CHEST PA	bladder, prostate, seminal vesicles)	
Exercise		SMALL PARTS □ Face	☐ Implants
☐ Persantine	ABDOMEN	☐ Thyroid and Neck	BREAST ULTRASOUND
■ MUGA scan (ventricular function)	☐ KUB (1 view)	□ Neck	☐ Bilateral ☐ Right ☐ Left
	☐ Acute (2 views)	FNA (Fine Needle Aspiration)	☐ 3D Breast Ultrasound (ABVS)
ENDOCRINE	SPINE & PELVIC	☐ Chest☐ Groin	
☐ Thyroid Uptake	☐ Cervical Spine	☐ Testes/Scrotum	BONE MINERAL DENSITY SCAN
☐ Thyroid Scintigraphy	☐ Thoracic Spine	☐ Soft Tissue/Lump	(By Appointment)
Parathyroid Scintigraphy	Lumbar (L/S) Spine	OBSTETRICAL	Please see preparation
O A STROUBLESTINIAL	☐ Sacrum/Coccyx	☐ Pregnancy-under 16 weeks	required on the back
GASTROINTESTINAL	☐ S.I. Joints ☐ Pelvis	☐ Pregnancy-over 16 weeks	☐ Baseline (one per lifetime)
Gastric Emptying Solid	LI PEIVIS	☐ High Risk Pregnancy ☐ Nuchal Translucency	☐ High-Risk: After 1 Year☐ 3-year First Follow-Up
Meckel's Diverticulum Scan	UPPER EXTREMITIES	☐ Follicular Monitoring	Low-Risk: After 5 Years
☐ Gastro-Intestinal Bleeding Scan☐ Liver/Spleen Scintigraphy	RLB	☐ Sonohysterography	
☐ Biliary Scintigraphy	□ □ □ Shoulder	VASCULAR	MUSCULOSKELETAL
☐ Salivary Gland Scintigraphy	□ □ □ Clavicle	☐ Carotid Arteries	(By Appointment)
	A.C. Joints	☐ Renal Arteries	(includes corresponding X-ray)
GENITOURINARY	□ □ □ Scapula □ □ □ Humerus	☐ Abdominal Aorta	R L B □ □ □ Shoulder (Shoulder)
☐ Renal Scintigraphy	□ □ □ Elbow	☐ Portal Venous Hypertension	☐ ☐ ☐ Biceps (Humerus)
Renal SPECT (Dynamic)	□ □ □ Forearm	☐ Peripheral Arterial Legs (ABI) R☐ L ☐ B☐	□ □ □ Elbow (Elbow)
Renal with Lasix/Captopril	□ □ □ Hand & Wrist	Peripheral Arterial Arms	□ □ □ Forearm (Forearm)
□ Scrotal Scintigraphy□ Adrenal Scintigraphy	□ □ □ Wrist □ □ □ Hand	R□L□B□	□□□ Wrist (Wrist) □□□ Hand (Hand)
Li Adrenai Schidgraphy	□ □ □ Fingers	Peripheral Venous Legs	□ □ □ Hand (Hand) □ □ □ Finger
NERVOUS SYSTEM		(DVT) R□ L□ B□ □ Peripheral Venous Arms	□ □ □ Hip (Hip)
□ Brain SPECT	1 2 3 4 5	(DVT) R□ L□ B□	□ □ □ Thigh (Femur)
LI BIAIII SPECI	LOWER EXTREMITIES	Limited (please specify)	□□□ Knee (Knee)
RESPIRATORY		HEAD & NECK	☐ ☐ ☐ Popliteal Fossa (Knee) ☐ ☐ ☐ Calf (Tib. & Fib.)
☐ Perfusion Lung Scan	R L B □ □ □ Hip	☐ Skull	□ □ Ankle (Ankle)
☐ Ventilation Lung Scan	□ □ □ Femur	☐ Sinuses	□ □ □ Achilles Tendon (Calcaneus)
☐ Ventilation-Perfusion Scan	□ □ □ Knee	☐ Mastoids	Foot (Foot)
	□ □ □ Tibia & Fibula	☐ Orbits ☐ Facial Bones	□□□ Toes □□ Carpal Tunnel
MISCELLANEOUS	□ □ □ Ankle	□ Nose	☐☐ Carpal Tunnel☐☐☐ Baker Cyst
☐ Gallium Scan	□ □ □ Foot □ □ □ Calcaneus	☐ Mandible	Tennis Elbow
In-111 Leukocyte Scan	□ □ □ Toes	☐ T.M. Joints	□ □ Other:
Other:		Neck for Soft Tissues	

Other:

■ No X-Ray Required

1 2 3 4 5

Patient Preparation and Instructions

GENERAL X-RAY

No preparation is required.

MAMMOGRAPHY

Do not use powder/deodorant or lotion/cream in the breast area of the armpits on the day of the exam. PLEASE BRING ANY PREVIOUS BREAST IMAGING FILMS/CD AND REPORTS WITH YOU.

BONE MINERAL DENSITY (BMD) SCAN

No CT with contrast or Nuclear Medicine studies for 2 weeks before appointment. Do not take any calcium supplement on the day of the exam. Wear loose comfortable clothing free of belts, clips or any metal.

Abdomen: Nothing to eat at least 8 hours prior to your appointment. Do not stop medications.

Abdomen & Pelvis: Full bladder is needed. Nothing to eat 8 hours prior to your appointment. Drink 4 full glasses/1 Litre of water 1 hour prior to your appointment. DO NOT VOID.

Pelvis/Obstetrical: Full bladder is needed. Drink 4 full glasses/1 Litre of water or any clear fluid 1 hour prior to your appointment. DO NOT VOID.

Small Parts (Thyroid/Testes), MSK: No preparation required.

Breast: No preparation required.

GENERAL NUCLEAR IMAGING

Biliary Scintigraphy: Nothing to eat or drink 8 hours prior to the test.

Renal Scintigraphy: Drink 2 large glasses of water (about 500ml or 20oz) 30 to 60 minutes prior to the test. Do not void.

Renal Scan with Lasix: Please inform of an allergy to sulphur medications.

Gastric Emptying/ Gastroesophageal Reflux: Nothing to eat or drink after midnight. No Barium or endoscopic studies in the past week. Please inform of allergy to egg whites prior to the procedure.

Thyroid uptake:

Note for the patients: Please confirm with your doctor about whether or not to discontinue any thyroid medication. Note for the doctors: The patient should discontinue any medication that affects thyroid function prior to the test:

- No Thyroid hormones/medications for at least 3 weeks
- No Propylthracil and Tapazole for 7 days prior to the test

Brain SPECT: No caffeine and no alcohol intake 24 hours before the test and no smoking after midnight.

Cardiac Nuclear:

- A light breakfast is advisable.
- No caffeine 12 hours prior to the exam.
- Dipyridamole or any other beta-blocker should be withheld for 48 hours before the test.
- No erectile dysfunction medications 72 hours prior to your exam.
- Please wear a comfortable pair of pants or shorts, a short sleeve shirt (buttons in front), and appropriate footwear to be worn on a treadmill.

PLEASE BRING YOUR LIST OF CURRENT MEDICATIONS



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