



Site: _____

Appt. Date: _____ Time: _____

Appt. Date: _____ Time: _____

Appt. Date: _____ Time: _____

Yes No

Interpreter Needed _____ Language? _____

Please arrive 20 minutes early for registration/parking.

Surname	First Name	Sex	M	F
Address				
City		Home Phone		
Date of Birth (dd/mm/yy)		Work Phone		
Medical Plan Number		WCB / ICBC Claim Number		
<input type="checkbox"/> MSP <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER _____				

NUCLEAR MEDICINE REQUISITION

EXAM REQUESTED:	<input type="checkbox"/> Abbotsford Regional Hospital Tel # 604-851 4868 Fax # 604-851-4904
	<input type="checkbox"/> Burnaby Hospital Tel # 604-412-6125 Fax # 604-412-6182
	<input type="checkbox"/> Peace Arch Hospital Tel # 604-535-4584 Fax # 604-541-5862
	<input type="checkbox"/> Royal Columbian Hospital Tel # 604-520-4436 Fax # 604-520-4444
	<input type="checkbox"/> Jim Pattison Outpatient Care & Surgery Centre & Surrey Memorial Hospital Tel # 604-588-3308 Fax 604-582-3766

Priority Routine Urgent Stat *NM physician should be consulted for stat requests

CLINICAL DIAGNOSIS AND FINDINGS:	ESSENTIAL PRE-EXAMINATION INFORMATION
	Weight: _____
	Height: _____
	Previous Nuclear Medicine Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date: _____
	Is the Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICIAN'S NOTES:	Is the Patient Breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the Patient Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Please List: _____ _____
	Current Medications: _____ _____ _____

Requesting Physician: _____ (Please print) Billing # _____

Physician Signature: _____ Phone # _____ Fax # _____

Copies to: _____ Procedure Requested: _____

Questions or cancellations contact the Nuclear Medicine department that your appointment is with.

**ABBOTSFORD REGIONAL HOSPITAL
AND CANCER CENTER**

32900 Marshall Road
Abbotsford, BC, V2S 1K2
Pay Parking - enter off Marshall Road

Upon arrival at ARHCC, enter through the main entrance, proceed to the 2nd floor in the Fraser Wing to Medical Imaging/Nuclear Medicine.

BURNABY HOSPITAL

3935 Kincaid Street, Burnaby
Underground pay parking - enter from Sanderson Way or Kincaid Street
Metered Parking on side streets around hospital

Upon arrival at Burnaby Hospital, proceed directly to the Nuclear Medicine Department located on the 3rd floor.

PEACE ARCH HOSPITAL

15521 Russell Ave., White Rock
Pay parking - enter off Russell Avenue
30 min drop off parking available on Weatherby St.
Metered parking available on side streets

Upon arrival at PAH, enter through Weatherby Main entrance and proceed directly to Nuclear Medicine, located on the main floor of the acute care building

ROYAL COLUMBIAN HOSPITAL

330 E. Columbia Street, New Westminster
Underground pay parking - enter off Keary Street
Pioneer Parking Lot – enter off Sherbrooke Street
Metered Parking on side streets around hospital

Upon arrival at RCH, proceed directly to PATIENT REGISTRATION, located in the LOBBY, Main Floor - Health Care Center.

SURREY MEMORIAL HOSPITAL

13750- 96 Ave., Surrey
Parkade pay parking - enter from 96 Ave. or 94A Ave.
Metered Parking on side streets around hospital

Upon arrival at SMH, proceed directly to the Nuclear Medicine Department located on the 2nd floor of the North Building, located directly off of 96 Ave.

**JIM PATTISON OUTPATIENT CARE
AND SURGICAL CENTRE**

9750 140th Street, Surrey, BC V3R 0Z7
Pay parking - entrance off 140th & Green Timbers Way

Upon arrival at JPOCSC, follow signs from the main entrance to the 2nd floor, Medical Imaging - Nuclear Medicine. Check in at reception 'D'

**FRASER HEALTH AUTHORITY POLICY: ALL HOSPITALS ARE FRAGRANCE FREE WORKPLACES.
PLEASE REFRAIN FROM WEARING PERFUMES OR COLOGNES.**

INTERPRETER REQUIRED? IF YES, PLEASE MAKE PRIOR ARRANGEMENTS

Preparation and Instructions

4 HOUR FASTING TESTS

Gastric Emptying Study
MPI (MIBI) Imaging
Thyroid Uptake and Scan

Diabetics may eat a light meal
Tests that are affected by medications
that need disclosure at time of booking:

Renal Imaging
Thyroid Uptake and Scan

Tests Requiring SPECIAL instructions

Bone and Renal Scans: increase fluids

Hepatobiliary Imaging: light meal 4 hours prior to appointment, then fasting

Myocardial Perfusion Imaging: No foods or beverages containing caffeine for 24 hours prior to test, medications as per ordering physicians instructions

Tests completed over multiple days

Adrenal Imaging
Gallium Scan
Leukocyte Imaging
Myocardial Perfusion Imaging
Schilling Test (urine return only)
Thyroid Uptake and Scan
Octreotide Scan

Questions? Please contact the Nuclear Medicine Department that your appointment is with.