

**Nuclear Medicine**

Patient's Name: _____ Date of Birth: _____

Diagnosis: _____

Allergies: _____ Height: _____ Weight: _____

Date/Time of Exam: _____ Additional reports to: _____

(Arrive at Saint Agnes Outpatient Center 30 min prior to your appointment)**Nuclear Cardiology****Myocardial Perfusion SPECT****Prep: 4 hrs fasting, no caffeine or smoking for 24 hrs**

- ☐ Sestamibi Lexiscan
☐ Sestamibi Treadmill

Other Cardiac Tests

- ☐ Cardiac Amyloid Spect (**Prep: None**)
☐ RVG (MUGA) Rest (**Prep: None**)

Nuclear Oncology

- ☐ Octreoscan- **Prep: Call Nuc Med 450-3210**
☐ MIBG - Adrenal Medulla Scan (**Prep: Call Nuc Med 450-3210**)
☐ Lymphoscintigraphy (**Prep: None**)

Nuclear Osteology**Prep: Preferably well hydrated**

- ☐ Whole Body Bone Scan (Cancer mets/
Valley Fever/ Paget's)
☐ Regional Bone Scan
☐ Regional Bone SPECT
☐ 3-Phase Bone Scan (RSD/Stress Fx/Pain)
☐ Bone Marrow Scan

Nuclear Infection Localization**Prep: None**

- ☐ WBC/3-Phase Bone Scan (Extremities)
☐ Gallium SPECT/Bone SPECT (Spine)
☐ WBC Whole Body Scan
☐ WBC Ltd Scan _____
☐ Gallium Ltd Scan (Amiodorone Toxicity)

Nuclear Neurology**Prep: 4 hrs fasting/ bring driver**

- ☐ Cisternogram
☐ CSF Leak
☐ CSF Shunt

Nuclear Pulmonology**Prep: None**

- ☐ Lung Ventilation/Perfusion Scan
☐ Lung Quantification Scan

Nuclear Endocrinology**Prep: See reverse side**

- ☐ Thyroid Scan
☐ Thyroid Uptake and Scan
☐ Radioiodine Whole Body Scan
☐ Thyrogen Radioiodine Whole Body Scan
☐ Parathyroid Scan (**Prep: None**)

Nuclear Nephro-Urology**Prep: See reverse side**

- ☐ Renogram
☐ Captopril Renogram
☐ Lasix Renogram

Nuclear Thyroid Therapy**Prep: Follow prep given by Nuclear Medicine RN/MD**

- ☐ Consultation with physician
☐ I-131 Treatment Hyperthyroidism
☐ Thyrogen-stimulated I-131 Treatment (Thyroid Cancer)
☐ Withdrawal I-131 Treatment (Thyroid Cancer)

Other Nuclear Therapies**Prep: None**

- ☐ Bone Metastases Tx (Strontium/Xofigo)
☐ Non-Hodgkins Lymphoma Tx (Zevalin)

Nuclear Gastroenterology**Prep: None**

- ☐ Liver/Spleen SPECT
☐ Hemangioma RBC SPECT
☐ GI Bleed (Tagged RBC)
☐ Abdominal _____ Shunt

Other Gastroenterology**Prep: See reverse side**

- ☐ Biliary Leak Scan
☐ Gallbladder Scan with EF
☐ Meckel's Diverticulum Scan
☐ Gastric Emptying (Solid only)
☐ Gastric Emptying (Solid and Liquid)
☐ H-Pylori C-14 Breath Test

For an appointment, please call Centralized Scheduling at (559) 450-5656 and **Fax orders plus Insurance information to (559) 450-5288.**

Physician Signature_____
Date/Time



Nuclear Medicine

Patient Instructions for Nuclear Medicine Procedures

Please report to the Saint Agnes Outpatient Center 30 minutes before your scheduled 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.

Nuclear Endocrinology

- **Thyroid Scan / Thyroid Uptake and Scan**
 - *Prep: 4 hrs fasting, no IV contrast for 8 weeks and no Sushi for 4 weeks prior to appointment. Off Synthroid for 4 weeks. Off Cytomel, Tapazole, Methimazole, and PTU for 7 days. Please consult with your Physician before stopping any medications.*

Nuclear Gastroenterology

- **Biliary Leak Scan / Gallbladder Scan with EF**
 - *Prep: 12 hrs fasting and no narcotics 24 hrs prior to appointment.*
- **H-Pylori C-14 Breath Test / Meckel's Diverticulum Scan**
 - *Prep: Call Nuclear Medicine Department for specific instructions at 450-3210*
- **Gastric Emptying (Solid only) / Gastric Emptying (Solid and Liquid)**
 - *Prep: 12 hrs fasting*

Nuclear Nephro-Urology

- **Renogram**
 - *Prep: Well hydrated*
- **Captopril Renogram**
 - *Prep: No ACE Inhibitors for 48 hrs. Please consult with your Physician before stopping any medications.*
- **Lasix Renogram**
 - *Prep: No diuretics (Lasix) for 24 hrs. Please consult with your Physician before stopping any medications.*

