



Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal
Québec

Hôpital général juif
Jewish General Hospital

Nuclear Medicine

G19, Basement of Pavilion G
3755 Cote-St-Catherine Road
Montreal, QC, H3T 1E2

Fax: 514-340-7919
Tel: 514-340-8222 ext. 25942
reqs.nm.ccomtl@ssss.gouv.qc.ca

Patient name / Hospital card stamp / Clinic sticker

FDG PET/CT Requisition

PATIENT INFORMATION

Location? ☐ Outpatient ☐ Inpatient room: _____
Diabetic? ☐ No ☐ Type 2 DM ☐ Type 1 DM
Claustrophobic? ☐ No ☐ Yes

TELEPHONE _____ CELLULAR _____

EMAIL _____

BARCODE SPACE
DO NOT WRITE HERE

EXAM INFORMATION (Please complete and be specific, this section is used to assign priority.)

☐ Urgent (Fax req. then call.) ☐ Semi-urgent ☐ Precise date or date range: _____
☐ Oncology ☐ Infection / inflammation ☐ Sarcoid ☐ Brain ☐ Osteomyelitis: _____
☐ Initial evaluation ☐ Mid therapy ☐ End therapy ☐ Suspected relapse ☐ Routine surveillance
Biopsy? ☐ No ☐ Yes, specify & date: _____
Surgery? ☐ No ☐ Yes, specify & date: _____
Radiotherapy? ☐ No ☐ Yes, sites & date last Tx: _____
Recent change in therapy? ☐ No ☐ Yes, date: _____
· Chemotherapy? ☐ No ☐ Yes, specify: _____
· Immunotherapy? ☐ No ☐ Yes, specify: _____
· Targeted therapy? ☐ No ☐ Yes, specify: _____
· Hormonal therapy? ☐ No ☐ Yes, specify: _____
Hematopoietic stimulants? ☐ No ☐ Yes, date last Rx: _____
Recent trauma or infection? ☐ No ☐ Yes, specify & site: _____
Antibiotics or systemic steroids? ☐ No ☐ Yes, specify & start date: _____
Upcoming *planned* treatment or surgery? _____

Please indicate your *specific clinical question*, including how FDG PET will change your management: (Give all relevant past medical history, prior imaging results such as pulmonary nodule size and precise histology when available.)

REFERRER INFORMATION (ATTENTION RESIDENTS AND FELLOWS: SUPERVISING STAFF NAME MUST APPEAR BELOW.)

STAFF NAME (PRINT) _____ SIGNATURE _____ LICENSE NUMBER _____ DATE _____

TELEPHONE _____ EMAIL _____ CC _____

Staff name is required. Provide prior relevant non-DSQ imaging on digital media & pathology reports. Patient prep required, contact us. No IV contrast is given.