



Hôpital général juif
Jewish General Hospital

PATIENT IDENTIFICATION

Nuclear Medicine Requisition

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

Tel: 514-340-8222 ext. 25374
Fax: 514-340-7919
http://www.jgh.ca/nm
reqs.nm.ccomtl@ssss.gouv.qc.ca

PATIENT CONTACT INFORMATION Outpatient Inpatient, room: _____

TELEPHONE _____ CELLULAR _____ EMAIL or OTHER NUMBER _____

Cardiovascular

- MUGA (LVEF)
- Myocardial Perfusion Study
 - Dipyridamole (Persantine®)
 - Exercise
 - Hold Meds: _____
- Rest/Rest Thallium Viability Study
- Cardiac Amyloid Study
- First Pass Study (RVEF)
- L-R Shunt (First Pass)
- R-L Shunt (MAA)

Endocrine

- Thyroid Scan & Uptake
- Iodine-131 Whole Body Scan (4 mCi)
 - Thyrogen® Stimulated
 - Thyroid Hormone Withdrawal
- Parathyroid Scan

Pulmonary

- V/Q Lung Scan
- Quantitative Q Scan

Other: _____
(PET requires a separate requisition.)

Patient pregnant, breastfeeding or nursing? Yes No

Weight: _____ **Height:** _____

Detailed clinical indication including relevant past medical history:

REFERRING PHYSICIAN *(Residents and fellows: supervising staff name must appear below. For urgent exams, fax this requisition first, then call us.)*

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

TELEPHONE _____ FAX or EMAIL _____ CC _____