



**PORT PERRY IMAGING** 462 Paxton Street, Suite B07  
Port Perry, ON L9L 1L9

Phone: 905-985-9727 Fax: 905-985-0479  
www.portperryimaging.com

Accredited by CCN for Echocardiography Since 2016  
Accredited for Mammography by the Canadian Association of Radiologist Since 1997  
Accredited for Ultrasound by the American College of Radiology Since 1999  
Fetal Medicine Foundation, Nuchal Translucency Screening Centre Since 2005  
Ontario Breast Screening Program - Port Perry Affiliate Since 1997  
Accredited for Bone Density by the Ontario Association of Radiologists Since 2008

**OHIP Requires you present your health card and requisition at each visit**

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ [ ] M [ ] F [ ] Other

Address: \_\_\_\_\_

Health Card/Version Code: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve.) \_\_\_\_\_

Your Appointment: \_\_\_\_\_ at \_\_\_\_\_

Please make necessary childcare arrangements during your exam; Children will not be allowed in the exam room

**GENERAL AND OBSTETRIC ULTRASOUND APPOINTMENT REQUIRED**

- Abdomen  Ltd. Abdomen
- Abdomen Wall (mass/hernia)
- Female Pelvis
  - Transvaginal
- Male Pelvis (suprapubic only)
  - Transrectal (Prostate)
- Renal (kidneys)
- Other: \_\_\_\_\_

- BILAT L R
- Breast
  - Groin for Hernia
  - Thyroid
  - Neck for LNs or other mass
  - Salivary Glands
  - Scrotum
  - Chest Wall

- 1st Trimester Dating
- eFTS 12w-13w6d
- Nuchal Translucency 12w-13w6d
- Anatomic Survey (20-22 wks)
  - \_\_\_\_\_ Previous c-sections
- BPP & Fetal Growth
- Fetal position
- Biophysical Profile
- Other \_\_\_\_\_

**US GUIDED PROCEDURE  Biopsy - Thyroid FNA**

**CARDIAC NUCLEAR IMAGING APPOINTMENT REQUIRED**

- Exercise perfusion imaging (sestamibi)
- Persantine perfusion imaging (sestamibi)
- Resting radionuclide ventriculogram (MUGA)
- Thallium, rest and redistribution (for viability)

**GENERAL NUCLEAR IMAGING APPOINTMENT REQUIRED**

- Gallium Scan
- Hepatobiliary Scan
  - HIDA scan
  - Liver SPECT:
    - RBC scan for ?hemangioma
    - Sulfur colloid scan for ?FNH
- Bone Scan:
  - Whole Body
  - Single Site: \_\_\_\_\_
- V/Q scan
- Parathyroid scan
- Renal scan
  - function
- Salivary gland scan
- Thyroid scan:
  - 24hr uptake and scan

**BONE MINERAL DENSITY APPOINTMENT REQUIRED**

\*Patient weight restriction <300lbs

- Baseline (First BMD in Ontario)
- Low Risk (Once every 60 months)
- High Risk (Once every 12 months)

**X-RAY NO APPOINTMENT REQUIRED**

- Site: \_\_\_\_\_

**CARDIAC AND VASCULAR ULTRASOUND APPOINTMENT REQUIRED**

- Echocardiogram 2D and Doppler with Colour  
(Contrast Echo at the discretion of the Interpreting Physician)
- Bi-Lateral Carotid Doppler

BILAT L R

- Venous Doppler Lower Extremities
- Venous Doppler Upper Extremities
- Arterial Doppler Lower Extremities
- Arterial Doppler Upper Extremities

**MUSCULOSKELETAL ULTRASOUND APPOINTMENT REQUIRED**

BILAT L R

- Shoulder
- Elbow
- Wrist and Hand
- Carpal Tunnel
- Hamstring

BILAT L R

- Calves
- Achilles' Tendon
- Foot
- Ankle
- Plantar Fascia

BILAT L R

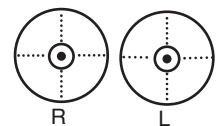
- Hip
- Thigh
- Back
- Groin
- Knee

**BREAST IMAGING APPOINTMENT REQUIRED**

do not use deodorant, powders or cream on the breasts or underarms on the day of your exam

**MAMMOGRAM**

- Screening
- Other \_\_\_\_\_
- Papable Mass
- Implants



BILAT L R

- Breast Ultrasound

CLINICAL INFO: \_\_\_\_\_

REF. MD.: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Billing: \_\_\_\_\_

Date: \_\_\_\_\_

CC: \_\_\_\_\_



**462 Paxton Street, Suite B07  
Port Perry, ON L9L 1L9**

Phone: 905-985-9727 Fax: 905-985-0479  
www.portperryimaging.com

## PREPARATION FOR CARDIAC AND GENERAL NUCLEAR MEDICINE TESTS

**PLEASE DO NOT FORGET TO BRING YOUR HEALTH CARD AND A LIST OF ALL MEDICATIONS TO EACH APPOINTMENT**

### Persantine Perfusion (Sestamibi) \*Two Day Test\*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea, coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3

### Exercise Perfusion (Sestamibi) \*Two Day Test\*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea, coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3
- Be prepared to Exercise (walk or run) on the treadmill - wear a T-Shirt, shorts or sweatpants and running shoes.
- **If permitted by your doctor**, the following medications should be stopped prior to your test (only if you are having an exercise test):

- metoprolol (Lopressor)
- acebutolol (Monitan; Sectral)
- diltiazem (Cardizem; Tiazac)
- carvedilol (Coreg)
- bisoprolol (Monacor)
- sildenafil (Viagra)
- vardenafil (Levitra)

**STOP FOR 24 HOURS  
BEFORE THE TEST IF  
PERMITTED BY YOUR  
DOCTOR**

- atenolol (Tenormin)
- nadolol (Corgard)

**STOP FOR 48 HOURS BEFORE THE  
TEST IF PERMITTED BY YOUR DOCTOR**

- tadalafil (Cialis)

**STOP FOR 72 HOURS  
BEFORE THE TEST**

**THE ABOVE MEDICATIONS  
MAY BE RESUMED AFTER THE TEST**

**PLEASE BRING RESULTS OF OTHER RECENT TESTS, IF DONE ELSEWHERE AND AVAILABLE.**

### Biliary Scan

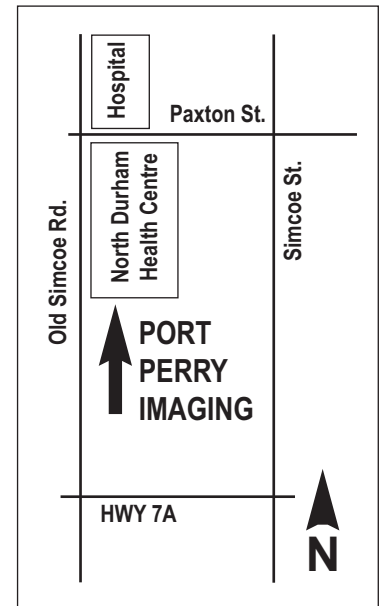
- Nothing to eat or drink for 4 hours prior to the scan

### Thyroid Uptake and Scan

- If permitted by your doctor, stop Thyroxine 5 weeks before your test and stop Cytomel 3 weeks before your test
- No intravenous contrast material (CT, IVP or angiogram, and no seaweed (sushi)) for 5 weeks prior to your test
- Nothing to eat or drink for 4 hours prior to the scan.

### Diabetics:

- If on oral medication, don't eat breakfast or take your diabetes medication the morning of the test. After the test, you may eat and take your medication
- If on Insulin, on the morning of the test, take half the normal dose and eat a light breakfast



## DURATION OF TESTS

### TEST

**Myocardial Perfusion Imaging (Sestamibi)**

**Bone Scan**

**Thyroid Scan**

**All Other Nuclear Scans**

**Ultrasound, Doppler and Echo**

**Bone Mineral Densitometry**

### APPROXIMATE DURATION

**1.5 hours in am day one and 1.5 hours in am day two**

**10 minutes, then 1 hour following a 2-3 hour delay**

**15 minutes day one and 1 hour day two**

**1 hour on a single day (some require up to a 4 hour delay after injection)**

**40 minutes**

**20 minutes - do not take calcium pill morning of exam**

*Our priority is **You***