

## Physician Information

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

## Instructions

- 1) Complete & sign this requisition.
- 2) Fax the requisition to MedExtra:  
514-526-4521  
or  
877-873-9872
- 3) For information call MedExtra:  
514-522-8000  
or  
877-373-9872

## Patient Identification

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Clinical Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preliminary report required

## MRI CT Contrast

- Brain
- Pituitary gland
- Internal auditory canals
- Orbits
- Sino nasal cavities
- TM joints
- Cranio vertebro junction
- Soft tissues of neck
- Brachial plexus
- Thorax
- Abdomen
- Pelvis
- Cervical spine
- Dorsal spine
- Lumbo-sacral spine
- Musculo-skeletal
- Other/Details \_\_\_\_\_

## Gastroenterology

- Gastroscopy
- Colonoscopy
- Sigmoidoscopy
- ERCP

## Remote Second Opinion

### Destination

- MD Anderson
- Memorial Sloan Kettering
- Johns Hopkins
- Dana Farber
- Other \_\_\_\_\_
- Please call me to discuss
- Please call my patient to discuss

## Nuclear Medicine

- PET
- Myocardial perfusion – sesta mibi
  - Treadmill
  - Dipyridamole
- Bone scan
- Muga – ventriculography
- Scintimammography
- Thyroid scan
- Parathyroid scan
- V/Q Lung scan
- Liver scan w/labelled rbc's
- Liver spleen scan
- Gallium scan
- Oesophageal transit
- I131 MIBG - Pheochromocytoma
- I131 Iodocholesterol adrenal scan
- Other/Details \_\_\_\_\_

## MR Angiography

- Brain
- Aorta
- Lower extremities
- Renal
- Neck
- Other/Details \_\_\_\_\_

## Miscellaneous

- Executive physical
- Specialty consult
- Research
- Home care
- Other \_\_\_\_\_
- Details \_\_\_\_\_

## Ultrasound

- Abdomen
- Abdomen & Pelvis
- Endovaginal
- Thyroid
- Obstetrical
- Breast
- Neck
- Kidney/Bladder
- Scrotal
- Other/Details \_\_\_\_\_

### CONSENT FOR MRI EXAM

1. Do you have a
  - a) cardiac pacemaker?  Yes  No
  - b) clip on cerebral aneurysm?  Yes  No
  - c) an ocular or cochlear implant?  Yes  No
  - d) an ocular foreign body?  Yes  No
  - e) an insulin pump?  Yes  No
  - f) a neurostimulator or biostimulator?  Yes  No
  - g) penile implant?  Yes  No
  - h) vena cava umbrella?  Yes  No
  - i) cardiac prosthetic valve (specific type)?  Yes  No
2. Is there any metal in your body? If yes, specify: \_\_\_\_\_
3. Have you ever had:
  - a) heart surgery? If yes, specify: \_\_\_\_\_
  - b) brain surgery, If yes, specify: \_\_\_\_\_
  - c) eye surgery? If yes, specify: \_\_\_\_\_
  - d) any other surgery? If yes, specify: \_\_\_\_\_
  - e) Are you pregnant? If yes, how many weeks? \_\_\_\_\_
4. Are you claustrophobic?  Yes  No
  - a) Allergies? If yes, specify: \_\_\_\_\_
5. Has patient ever been injured by a metallic body particularly to the eyes?  Yes  No

I have reviewed the above questionnaire with my physician. The information is correct and complete and I consent to the MR examination.

\_\_\_\_\_  
Signature of physician      Signature of patient      Date

### PREPARATION FOR SPECIAL IMAGING

- MRI (ALL):** Do not eat or drink 3 hours before the exam.
- ABDOMINAL ULTRASOUND:** No food or drink 8 hours before the exam.
- PELVIC ULTRASOUND:** Drink 3 to 4 glasses of water (approx. 30 oz.) or any other liquid (tea, juice, etc.) one hour before your exam. DO NOT URINATE.
- KIDNEY/BLADDER:** Follow the same directions as for the pelvic ultrasound.
- ENDOVAGINAL:** No specific directives.
- OBSTETRICAL ULTRASOUND:** Follow the same directions as for the pelvic ultrasound.
- CT ABDOMEN, PELVIS, ABDOMEN & PELVIS:** Mix well 20 ml. of gastrografin or a complete 225 ml. bottle of E-Z-CAT with 1 liter of water and drink it all 45 minutes before the exam.
- CT-SCAN WITH INJECTION:** Do not eat or drink (other than the product mentioned above) 3 hours before the exam. Consult with your physician regarding any allergies you might have to Iodine and ensure your renal function is normal. If you are taking metformine (glucophage) stop it 48 hours before and restart 48 hours after the exam. Breast feeding women must abstain from breast feeding 48 hours after the exam.

For all other procedures, please contact the personnel at MedExtra.

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[www.medextra.com](http://www.medextra.com)

### PET SCAN PREPARATION INSTRUCTIONS:

1. Please bring the patient's diagnostic radiology films/disks and reports of the last 6 months. Patient chart is needed as well.
2. Please bring the patient's medications and a list of medications.
3. The patients must fast for six hours prior to the exam (water ONLY ALLOWED). No gum, no candies, no over alimentation of gastric feeding 4 hours prior to the exam.
4. Please advise if the patient is diabetic. The patient is permitted oral hypoglycemic (Metformin, Diabeta, Glucophage, etc.). The patient is not allowed subcutaneous insulin for 6 hours prior to exam. IV insulin must be discontinued 1 hour prior to exam.
5. Please advise if patient has received chemotherapy or radiation therapy. If so, a 6 weeks delay for chemotherapy is needed and 2 months delay for radiation therapy.
6. Please inform if patient is claustrophobic.
7. Dress warmly enough to avoid shivering in a cold room. Avoid clothing with metal (zippers, buttons, etc.).
8. The duration of the exam is between 3 hours to 6 hours.

### Patient information's and length of the studies

#### 1) Myocardial Perfusion Imaging

The myocardial perfusion imaging can be done after a stress test or after a dipyridamole injection (this will be done if the patient cannot achieve adequate levels of exercise). The test can be done in one (1) or two (2) days, depending on the patient availability.

#### A) Preparation:

- Fasting from midnight the night before.
- Do not apply a transdermal nitro patch the day of the test (with the approval of your doctor).

#### Stress test:

- Bring comfortable walking or running shoes.
- Stop your Beta-Blocker medications for 48 hours (with the approval of your doctor).
- Stop your calcium antagonist for 24 hours (with the approval of your doctor).

#### Dipyridamole:

- Stop any theophylline-containing medication (theodur, elixophillin, cholidyl and phyllocontin) for 48 hours before the test.
- Do not eat chocolate or drink coffee, tea, colas or any product containing caffeine for 24 hours before the test.

#### B) Length of the test:

- 1 day protocol:
  - Injection of 99mTc-Sestamibi at rest
  - 60 minutes after the injection, imaging of the heart (length = 30 minutes)
  - After the rest images, second injection of 99mTc-Sestamibi during the stress test or after the dipyridamole injection
  - 30-60 minutes after the injection, imaging of the heart (length = 30 minutes)
  - Total length of the procedures approximately 4 hours
- 2 day protocol:
  - Day 1: Injection of 99mTc-Sestamibi during the stress test or after the dipyridamole injection. 60 minutes after the injection, imaging of the heart (length = 30 minutes)
  - Day 2: Injection of 99mTc-Sestamibi at rest. 60 minutes after the injection, imaging of the heart (length = 30 minutes)

#### 2) Bone Scan

- No special preparation except for good hydration
- Radioactive material injection. Images of the bones 3 hours after the injection.

#### 3) Other procedure

Other procedure	Preparation	Length
• MUGA (ventriculography)	None	1 hour
• Scintimammography	None	1 hour
• Thyroid scan	depending on the indication	30 minutes
• Parathyroid scan	None	2-3 hours
• Lung scan	None	1 hour
• Liver scan	None	1 hour