



Nuclear Medicine Associates

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Diplomates American Board of Nuclear Medicine

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All studies listed below require an appointment. Follow all instructions for your study(s) very closely. Please call if you have questions.

Studies that are shaded in yellow will require preparations as listed on the back of this form.

PATIENT NAME _____

DATE OF BIRTH _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

STUDY REQUESTED, 1. _____
IF NOT LISTED

2. _____

DIAGNOSIS _____

HISTORY / SIGNS/ SYMPTOMS _____

ORDERING PHYSICIAN'S SIGNATURE: _____

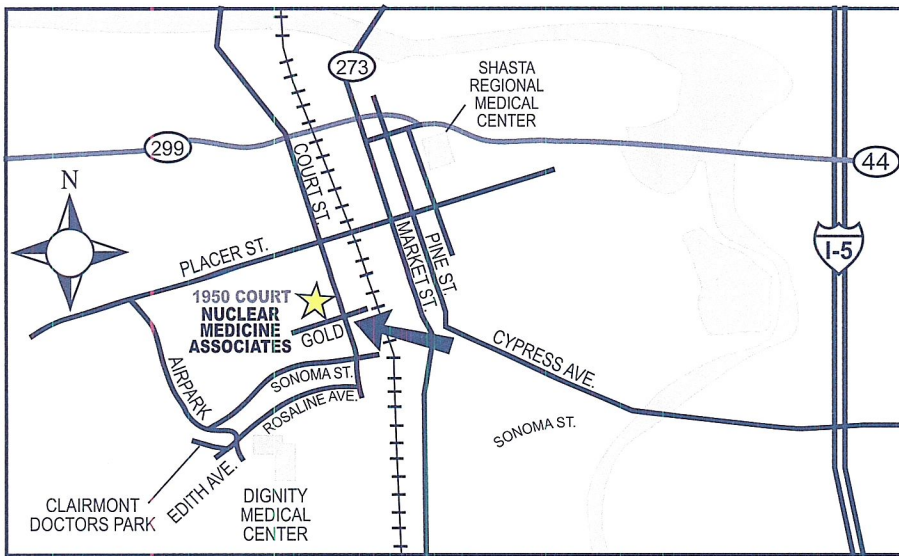
CC: _____

Some Nuclear Medicine Studies will require you to spend several hours with us and/or return the following day or two. Please call our office for more information about your study and how long you should plan to be with us.

<p>BONE</p> <p><input type="checkbox"/> Bone Scan, 3 Phase</p> <p><input type="checkbox"/> Bone Scan SPECT</p> <p><input type="checkbox"/> Bone Scan, Whole Body</p>	<p>RENAL/GENITOURINARY</p> <p><input type="checkbox"/> Renogram</p> <p><input type="checkbox"/> Captopril Renal Scan</p> <p><input type="checkbox"/> Diuretic Renal Scan</p> <p><input type="checkbox"/> Renal Cortical Imaging</p> <p><input type="checkbox"/> Radionuclide Cystogram</p>
<p>CARDIAC</p> <p><input type="checkbox"/> MUGA (Cardiac Blood Pool)</p> <p><input type="checkbox"/> Myocardial Perfusion</p> <p><input type="checkbox"/> Pharmacologic</p>	<p>THERAPY</p> <p><input type="checkbox"/> I-131 Therapy Hyperthyroidism</p> <p><input type="checkbox"/> I-131 Therapy Thyroid Carcinoma</p>
<p>CNS</p> <p><input type="checkbox"/> Brain SPECT DaTscan</p>	<p>SENTINEL NODE LOCALIZATION</p> <p><input type="checkbox"/> Breast Lymphoscintigraphy</p> <p><input type="checkbox"/> Melanoma Lymphoscintigraphy</p>
<p>ENDOCRINE</p> <p><input type="checkbox"/> Thyroid Uptake & Scan</p> <p><input type="checkbox"/> Thyroid Met Imaging, Total Body</p> <p><input type="checkbox"/> Parathyroid Scan</p>	<p>NOTES</p>
<p>GI</p> <p><input type="checkbox"/> Hemangioma Scan</p> <p><input type="checkbox"/> Gastric Emptying</p> <p><input type="checkbox"/> GI Blood Loss Imaging</p> <p><input type="checkbox"/> HIDA Scan (Hepatobiliary Scan)</p> <p><input type="checkbox"/> HIDA Scan w/EF</p> <p><input type="checkbox"/> Liver/Spleen Scan</p> <p><input type="checkbox"/> Meckel's Diverticulum Exam</p> <p><input type="checkbox"/> Salivary Gland</p>	
<p>PULMONARY</p> <p><input type="checkbox"/> Lung V/Q Scan</p> <p><input type="checkbox"/> Pulm Quant Split Function</p>	

PROVIDERS: Please fax chart notes, lab and test results pertaining to ordered study and copy of insurance cards.

PATIENTS: Please bring your insurance cards, i.d., and forms with you.



SCAN HERE TO
OPEN OUR
LOCATION IN
GOOGLE MAPS!



Nuclear
Medicine
Associates

DRIVING DIRECTIONS

- From Interstate 5 (North or South bound) or Highway 44**
- Take the Highway 44 West/Central Redding exit
 - Stay on highway, which becomes Shasta Street
 - Turn left at Court Street
 - Nuclear Medicine Associates will be on the right between South and Gold Streets.

TO PREPARE FOR YOUR EXAMINATION

BONE

BONE SCAN

No preparation is required; patients should come well hydrated and will be encouraged to drink fluids between the time of the injection and the time of scanning.

CARDIAC

MUGA (Cardiac Blood Pool)

No special preparation.

MYOCARDIAL PERFUSION SCAN

Treadmill – nothing to eat or drink 3 hours before the test. Caffeine and alcohol should be avoided for 12 hours before the test. Ask your physician about Beta Blockers. Please avoid stomach acid reducing medications 1 day before treadmill test.

Pharmacologic – avoid all food or medication that contains caffeine, theophylline or aminophylline for 24 hours prior to the test; this means no tea, decaffeinated tea, herbal tea, coffee, decaffeinated coffee, soda and Excedrin. Please avoid stomach acid reducing medications 1 day before test. The test will take 2 hours.

CNS

BRAIN SPECT

No preparation is required: patients should arrive well hydrated and will be encouraged to drink fluids between the time of injection and the time of scanning.

ENDOCRINE

THYROID UPTAKE & SCAN

Avoid seafood for 1 week prior to test. Avoid X-ray contrast and thyroid hormones (Synthroid, Levoxyl, Thyroid) for 4 weeks, PTU and Tapazole for 5 days. Nothing to eat for one hour prior to your first appointment.

THYROID MET IMAGING, TOTAL BODY

Nothing to eat or drink for 1 hour prior to dosing. The scan is usually performed 48 to 72 hours after dosing. Patients are typically prepared for this examination with thyrogen injections or thyroid hormone changes. Patients should contact us if they have not been told what to do. Please call us if you have had X-ray dye in the past 3 months.

PARATHYROID SCAN

No Iodine contrast studies within 30 days of your appointment.

GI

GASTRIC EMPTYING

No food or drink after midnight before your examination and you should discontinue all sedatives 12 hours prior to the examination.

HIDA SCAN (HEPATOBIILIARY SCAN)

Take nothing by mouth (food or liquid) for 4 hours prior to your study. No narcotic or opiate based pain medication 6 hours prior to your study.

GI (continued)

MECKEL'S DIVERTICULUM EXAM

Do not eat for 4 hours prior to test. Patients may be told to take Tagamet one day before test.

SALIVARY GLAND

No Thyroid Blocker Medication (SSKI or Perchlorate) 48 hours before your examination.

RENAL/GENITOURINARY

CAPTOPRIL RENAL SCAN

Patients should avoid ACE inhibitors and angiotensin receptor blockers (blood pressure medicines) for 48 hours prior to the scan; please consult your doctor about this. Patients will need to arrive hydrated.

DIURETIC RENAL SCAN

Hold your diuretics on day of exam.

THERAPY

I-131 THERAPY HYPERTHYROIDISM

You will see a Physician in consultation prior to treatment; he/she will discuss the treatment in detail including preparation.

I-131 THERAPY THYROID CARCINOMA

You will see a Physician in consultation prior to treatment; he/she will discuss the treatment in detail including preparation.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL US! WE ARE HERE TO HELP.

530.247.8147

NOTES OR QUESTIONS: _____