

UNIVERSITY IMAGING

Nuclear Medicine

You are scheduled for a Nuclear Medicine Scan at University Imaging

Thank you for choosing University Imaging. We look forward to serving your medical needs. Please review the following instructions and complete the Patient History Form (located on the back side of this form) prior to your appointment.

Your doctor has ordered the following imaging study for you:

Nuclear Medicine Scan: Nuclear medicine uses very small amounts of radioactive materials, or radiopharmaceuticals, to examine organ function and structure. Nuclear imaging enables visualization of organ and tissue structure as well as function. The extent to which a radiopharmaceutical is absorbed by a particular organ or tissue may indicate the level of function of the organ or tissue being studied. Thus, diagnostic X-rays are used primarily to study anatomy, whereas nuclear imaging is used to study organ and tissue function.

Bone Scan: Nuclear medicine bone scans are used to visually detect bone abnormalities. A nuclear bone scan is a functional test, which means it measures an aspect of bone metabolism which most other imaging techniques cannot. You may receive an injection, experience a 2–3 hour waiting period, then undergo the examination.

HIDA (Hepatobiliary): This is an imaging study to assess liver, gallbladder and biliary function. It is commonly used to diagnose abnormal gallbladder function and examines the ducts leading into and out of the gallbladder. There is a small likelihood that you will have a morphine injection. If so, you will need to arrange for transportation from your appointment.

PET/CT: PET/CT shows which cells are most active. The more active the cells are, the brighter they will be in the PET images. PET/CT is primarily used to detect and stage cancer, to evaluate suspected Alzheimer's disease, and to determine the viability and perfusion of the heart muscle. **Preparation: 24 hours prior to your study,** do not have caffeine or tobacco. Rest (without any exercise) and eat a low carbohydrate diet by avoiding pasta, breads, potatoes, rice, desserts, candy and sugar (for **diabetic and cardiac patients**, a nurse will contact you to discuss your diet). Please do NOT eat for 6 hours before your scan. You should drink 16 oz. of water prior to your arrival. You may take medications with water. It is important to wear comfortable shoes and clothing. When the weather is cold, bundle up and keep warm (have someone heat the inside of

the car before you get in). At your appointment, an IV will be inserted and you will receive an injection of a trace amount of radiopharmaceutical. You will then relax in a reclining chair for about 60 minutes prior to your scan.

IMPORTANT INFORMATION

You may receive a call from us to review your medical history with you to determine that no issues exist preventing you from having a nuclear medicine scan.

If you need to cancel or reschedule your appointment, call us as soon as possible but no later than noon the day before the scan. We buy a radiopharmaceutical specifically for you, and it cannot be returned or used at a later date.

You will (have) receive(d) instructions for exam preparation upon scheduling your appointment. If you have any questions, please contact the site where you are scheduled (refer to bottom of the page).

Instructions for the day of your scan:

- Remove all jewelry and/or metal.
- Leave valuables at home.
- Bring your insurance card and photo ID with you.
- A parent/guardian should remain in the building while a child (under 18 years) is having an imaging procedure.

What to expect the day of your scan:

- All nuclear medicine studies require either an injection, inhalation or ingestion of a radiopharmaceutical.
- If you are also having a diagnostic CT, you will be asked to drink approximately 24 ounces of a flavored oral contrast (Barium).
- The entire process from arrival to discharge is generally 2 hours (depending upon your procedure).

What to expect after your scan:

- You may eat and drink immediately following your scan.
- We advise that you wait 3 hours before getting very close to children, pregnant women or pets. This will allow time for the radioactivity to leave your body. (The exceptions are thyroid iodine treatments, which require approximately 3 days to leave your body entirely.)
- Your results will be sent to your referring physician within 2 business days.

IMPORTANT: Please complete the Patient History Form (located on the back side of this form) PRIOR to your appointment.

<p>University Imaging at Strong Memorial Hospital 601 Elmwood Avenue Rochester, NY 14642 585-784-2985</p>	<p>University Imaging at Highland Hospital 1000 South Avenue Rochester, NY 14620 585-341-6785</p>	<p>University Imaging at E.F. Thompson Hospital 350 Parrish Street Canandaigua, NY 14424 585-396-6910</p>	<p>University Imaging Science Park 110 Science Parkway Rochester, NY 14620 585-785-5000</p>
Appointment Date/Time:	Appointment Date/Time:	Appointment Date/Time:	Appointment Date/Time:



Patient Name: _____
Date of Birth: _____
Procedure Date: _____

HEALTH HISTORY FORM: Please provide the following information to the best of your knowledge (a parent/guardian should fill out for children under 17 years old):

- Reason for scan: _____
- Allergies: Medication Latex products Contrast dye No known allergies
If any allergies, list the reaction: _____
- Are you taking **Coumadin (Warfarin)**? No Yes
- What operations/surgeries have you had? _____

- Do you have any implants? No Yes If yes, what type? _____

Medication	Dose (mg)	How often?

Medication	Dose (mg)	How often?

- How would you rate your pain? Rating is 0–10 with 10 being the most painful _____
- List the parts of your body in pain _____
- Are you pregnant? No Yes Date of last menstrual period: _____
- Have you ever had contrast for an imaging study? No Yes If yes, did you have any problems? _____
- Have you had a similar imaging study before? No Yes If yes, what was the study? _____
- Any Problems? _____

Are you being/Have you ever been treated for:	No	Yes
Bleeding Problems/Anemia		
Difficulty Breathing/Asthma/Sleep Apnea		
Stomach Problems/Reflux or Stomach ulcers		
Heart Problems		
High Blood Pressure		
Kidney Problems		
Cancer		

Are you being/Have you ever been treated for:	No	Yes	
Liver Problems			
Seizures			
Diabetes			
Neck or Back Pain			Location: _____ _____
Leg Pain			<input type="checkbox"/> Left <input type="checkbox"/> Right
Arm Pain			<input type="checkbox"/> Left <input type="checkbox"/> Right

Current Height: _____ Current Weight: _____

PATIENT SIGNATURE

PROVIDER(S) REVIEWING FORM

DATE