

**Please indicate location of Nuclear Medicine examination for Patient:**

- Cambridge Memorial Hospital**  
 700 Coronation Blvd.  
 Cambridge ON N1R 3G2  
 Telephone: 519-621-2333 x2230  
 Fax: 519-740-4904  
 www.cmh.org  
 • All patients are to register in the Diagnostic Imaging Department, located on the **1<sup>st</sup> Floor** of the hospital's **A Wing**, at the indicated arrival time.

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- Guelph General Hospital**  
 115 Delhi St.  
 Guelph ON N1E 4J4  
 Telephone: 519-837-6413  
 Fax: 519-766-9982  
 www.gghorg.ca  
 • All patients are to register in the hospital's Diagnostic Imaging Department, located on the **3<sup>rd</sup> Floor**, at the indicated arrival time.

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- Kitchener Waterloo Regional Nuclear Medicine (Main Site)**  
**St. Mary's General Hospital**  
 911 Queen's Blvd  
 Kitchener ON N2M 1B2  
 Telephone: 519-749-6495  
 Fax: 519-749-6997  
 www.smgh.ca  
 • All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1<sup>st</sup> Floor**, at the indicated arrival time.

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- Kitchener Waterloo Regional Nuclear Medicine (Satellite Site)**  
**Grand River Hospital**  
 835 King St. W  
 Kitchener ON N2G 1G3  
 Telephone: 519-749-6495  
 Fax: 519-749-6997  
 www.grhosp.on.ca  
 • All patients are to register in the Department of Medical Imaging, located on the **2<sup>nd</sup> Floor** of the hospital's **D Wing**, at the indicated arrival time.

**How to prepare for your Nuclear Medicine Examination-if not listed, no preparation.**

Type of Study	Patient Preparation	Expected Time	Visit Detail
BONE	No preparation	1 <sup>st</sup> Visit: 15 Minutes 2 <sup>nd</sup> visit: 1 hour	1 <sup>st</sup> visit: Injection 2 <sup>nd</sup> visit 2-4 hours later Imaging
BRAIN	Nothing to eat or drink 4 hours before test	2-4 hours	Injection upon arrival followed by Imaging
GALLIUM	No preparation	1 <sup>st</sup> Visit: 15 Minutes 2 <sup>nd</sup> visit: 1-2 hours	1 <sup>st</sup> visit: Injection 2 <sup>nd</sup> visit: Imaging
GASTRIC EMPTYING (GET)	<ul style="list-style-type: none"> <li>• Nothing to eat or drink after midnight</li> <li>• Notify department if you have an allergy to eggs, food restrictions or are Type I diabetic</li> <li>• Diabetic patients, bring insulin and glucose monitor</li> <li>• Check with your doctor about stopping medications</li> </ul>	4 hours	Provided a standardized meal and Imaging up to 4 hours.
LIVER & SPLEEN SCAN	No preparation	45 minutes	Injection upon arrival followed by Imaging
LUNG SCAN (V/Q)	Need recent CXR 24-48 hours prior to lung scan (GGH only)	1 hour	Imaging immediately
MYOCARDIAL PERFUSION	Please refer to separate listing of instructions provided by your physician	1 <sup>st</sup> Visit: up to 2 hours 2 <sup>nd</sup> visit: up to 3 hours	Please refer to separate listing of instructions provided by your physician
PARATHYROID	No preparation	Up to 4 hours	Injection upon arrival 1 <sup>st</sup> imaging at 15 minutes 2 <sup>nd</sup> imaging at 3-4 hours
RENAL DIURETIC	Drink 3-4 glasses of fluids/water prior to test	1 hour	Injection upon arrival followed by Imaging
RENAL with CAPTOPRIL	<ul style="list-style-type: none"> <li>• Check with your doctor about stopping medications</li> <li>• Drink 3-4 glasses of fluids/water prior to test</li> <li>• No food 4 hours prior to test</li> <li>• Bring a list of medications</li> </ul>	1 <sup>st</sup> Visit: 2 hours 2 <sup>nd</sup> visit: 45 minutes may be required based on results of 1 <sup>st</sup> visit	Oral Captopril given upon arrival Injection at 1 hour followed by Imaging
SALIVARY	No preparation	1 hour	Injection upon arrival followed by Imaging
SENTINEL NODE	No preparation	2 hours	Injection upon arrival followed by Imaging
THYROID UPTAKE AND SCAN	<ul style="list-style-type: none"> <li>• Check with your doctor about stopping medications</li> <li>• No CT contrast for 30 days prior to test</li> </ul>	1 <sup>st</sup> Visit: 15 minutes 2 <sup>nd</sup> visit: 45 minutes	1 <sup>st</sup> Visit: Pill ingestion 2 <sup>nd</sup> visit: Injection upon arrival followed by imaging
WALL MOTION (MUGA)	No preparation	1.5 hours	Injection upon arrival followed by Imaging

**Important**

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.