



Nuclear Medicine

Questions the Central Scheduler May ask when scheduling an exam:

HAS THE PATIENT HAD A RECENT IMAGING EXAM TO THE AREA OF INTEREST? WAS IT DONE HERE? IF NOT, INSTRUCT PATIENT TO BRING FILMS WITH THEM THE DAY OF THEIR EXAM. HAVE OUTSIDE REPORT FAXED TO ATTN: SPECIFIC DEPT AT # 479-5621 BEFORE THE DAY OF EXAM

HAS THE PATIENT HAD A RECENT IMAGING EXAM USING IODINATED CONTRAST? IF YES, WAIT 4 WEEKS TO SCHEDULE THIS EXAM.

HOW MUCH DOES THE PATIENT WEIGH? IF OVER 400 LBS, THIS EXAM CANNOT BE SCHEDULED AT PAH. PLEASE SPECIFY POUNDS OR KILOGRAMS.

IS THE PHYSICIAN ORDERING ANY ORAL SEDATION FOR THIS EXAM? IF YES, ORDER PROCEDURE "ORAL SED" TO ENSURE A NURSE IS PRESENT DURING THIS EXAM.

DOES THE PATIENT TAKE A THYROID SUPPLEMENT? IF YES, PLEASE WAIT 4 WEEKS TO SCHEDULE EXAM AFTER STOPPING THIS MEDICATION.

PLEASE HAVE THE PATIENT BRING A CURRENT LIST OF MEDICATIONS THEY ARE TAKING TO INCLUDE NON-PRESCRIPTION AND HERBAL MEDICINES.

THE ORDERING PHYSICIAN NEEDS TO SUPPLY AN H & P FOR ALL ANESTHESIA PROVIDED SEDATION. THE H & P SHOULD BE SENT TO PRE-ADMISSION SCREENING, FAX NUMBER 479-5651.

WHAT INSURANCE DOES THE PATIENT HAVE AND DOES IT REQUIRE PRE-CERTIFICATION? IF YES, TYPE NUMBER HERE



NUC MED BONE SCANS

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 30 minutes for the scan portion of this exam.

YOU WILL RECEIVE AN INJECTION AND RETURN 3 HOURS LATER FOR THE SCAN.

PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

YOU WILL BE ASKED TO FORCE FLUIDS BETWEEN THE INJECTION AND THE SCAN.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696. The Central Scheduling Department hours are Monday – Friday 7am – 5:30pm.



NUCLEAR MEDICINE BOWEL MECKELS SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 1 hour for this exam. The patient will receive an IV injection and then images will be taken.

NOTHING BY MOUTH 4 HOURS PRIOR TO EXAM, AVOID BARIUM STUDIES PRIOR TO EXAM.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUCLEAR MEDICINE GALLIUM SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 1 hour for this exam. The patient will be injected and then will return 6 – 72 hours later for follow-up scans, determined by the Radiologist

AVOID BARIUM STUDIES PRIOR TO EXAM.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBAL.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUC MED GASTRIC EMPTYING SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 2 hour for this exam. The patient will consume a breakfast of radio-labeled eggs and images are taken as the stomach empties.

NOTHING BY MOUTH AFTER MIDNIGHT THE NIGHT BEFORE EXAM

PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBAL.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER THE EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUC MED HIDA SCAN/NUCLEAR CHOLANGIOGRAM

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow 1 to 2 hours for this exam.

NOTHING TO EAT OR DRINK 4 HOURS BEFORE THE EXAM, THIS INCLUDES PAIN MEDICATION

DO NOT TAKE PAIN MEDICINE BEFORE EXAM

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUCLEAR MEDICINE MUGA SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 1 hour for this exam. The patient will have blood drawn for this exam. During this exam requires the patient be placed on an EKG monitor.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBAL.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUC MED PARATHYROID SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

The patient is given an IV injection, waits 15 minutes then images are taken, patient will then return 3 hours later for delayed imaging.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT THE TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUCLEAR MEDICINE RENAL SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 45 minutes for this exam. The patient will receive an injection and then scanned for 30 minutes

THE PATIENT SHOULD BE WELL HYDRATED

THE PATIENT SHOULD BRING A LIST OF ALL CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam
or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUC MED THYROID SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 60 minutes for this exam. The patient will receive an injection and wait 20 minutes and then be scanned.

YOU WILL NEED TO BE OFF THYROID MEDICINE FOR 4 WEEKS. HOWEVER, IF YOU ARE TAKING PTU OR TAPAZOLE, YOU WILL NEED TO BE OFF THIS MEDICINE 5 TO 7 DAYS PRIOR TO THE EXAM.

YOU CAN NOT HAVE ANY EXAMS WITH IODINATED CONTRAST AGENT FOR AT LEAST 3 WEEKS PRIOR TO THIS EXAM

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUC MED THYROID UPTAKE/SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 60 minutes for this exam. Patient will take Radio-Iodine capsules and then return 6 hours later for the scan.

YOU WILL NEED TO BE OFF THYROID MEDICINE FOR 4 WEEKS, HOWEVER IF YOU ARE TAKING PTU OR TAPAZOLE, YOU WILL NEED TO BE OFF THIS MEDICINE 5 TO 7 DAYS PRIOR TO EXAM.

YOU CAN NOT HAVE ANY EXAMS WITH IODINATED CONTRAST AGENT FOR AT LEAST 3 WEEKS PRIOR TO THIS EXAM.

BRING A LIST OF YOUR MEDICATIONS YOU ARE CURRENTLY TAKING WITH YOU, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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NUC MED V-Q LUNG SCAN/VENT/PERFUSION LUNG SCAN

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 1 hour for this exam.

This is a two-part exam looking at airflow and blood flow in the lungs. You will receive an injection for this exam.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

IF YOU ARE PREGNANT, THIS TEST CANNOT BE PERFORMED.

IF YOU ARE BREASTFEEDING YOU WILL NEED TO STOP FOR 48 HOURS AFTER EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Nuclear Medicine Dept at 217-245-9541 ext 3104. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

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