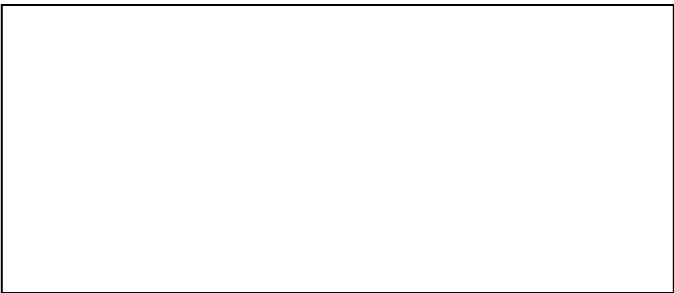




DIAGNOSTIC IMAGING
NUCLEAR MEDICINE

SENTINEL INJECTION AND IMAGING



Is the patient hearing impaired? Yes No

Guidelines:

1. Physician to complete requisition. Incomplete requisitions will be returned resulting in delay of study.
2. **Requisition is to be faxed to Nuclear Medicine at 807-684-5907.**
3. Completed requisitions will be filed in Nuclear Medicine.

Patient Name: _____

Date of Birth: ____ / ____ / ____
Day Month Year

Address: _____

Postal Code: _____

Home Phone Number: _____

Work Phone Number: _____

Sex: Male Female

Health Insurance Card Number: _____

Version Code: _____

Workplace Safety and Insurance Board (WSIB) Claim Number: _____

Operative Date and Time

Breast

Melanoma

Nuclear Medicine:

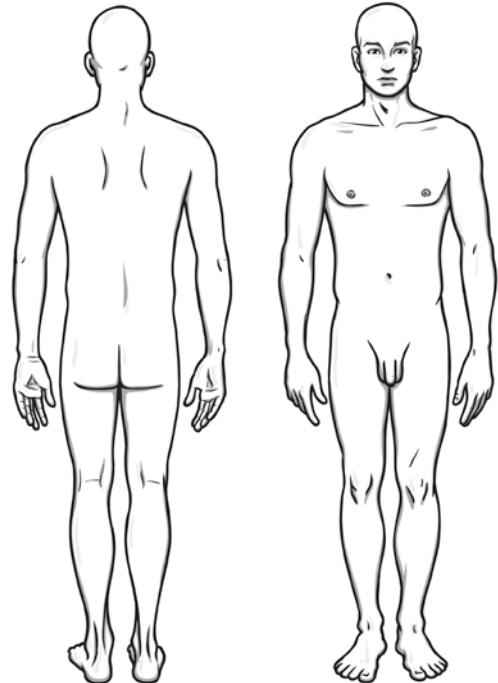
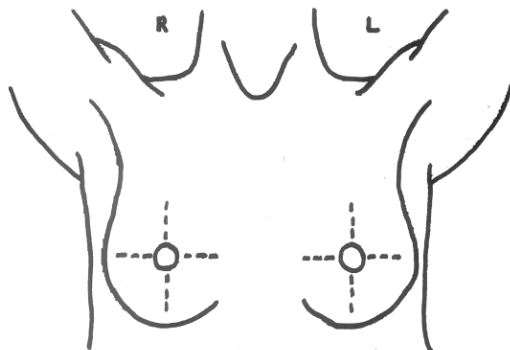
Appointment Date and Time

Patient is to report to:

Nuclear Medicine:

Surgical Day Care:

Clinical Information
(please be specific and complete)



INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.

Referring Physician (please print): _____

Copy Report to: _____

Physician's Signature: _____

Date: _____