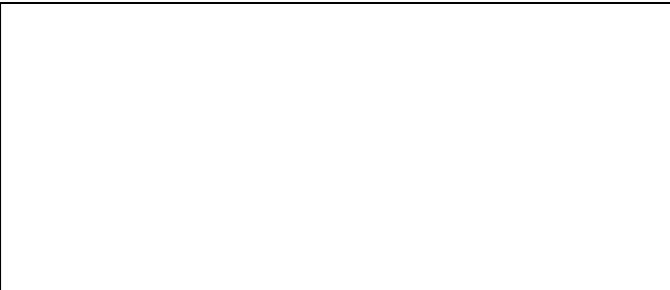




Thunder Bay Regional Health Sciences Centre

DIAGNOSTIC IMAGING
NUCLEAR MEDICINE

SENTINEL INJECTION AND IMAGING



Regional Inpatient? Yes No
Is the patient hearing impaired? Yes No

Guidelines:

1. Physician to complete requisition. Incomplete requisitions will be returned resulting in delay of study.
2. Fax requisitions including Regional referrals to Diagnostic Imaging Central Intake **855-978-1862**
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: _____

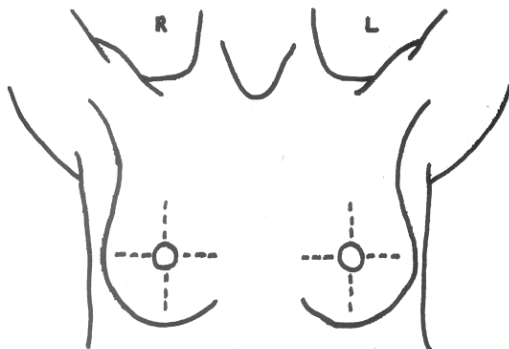
Workplace Safety and Insurance Board (WSIB) Claim Number: _____

Operative Date and Time

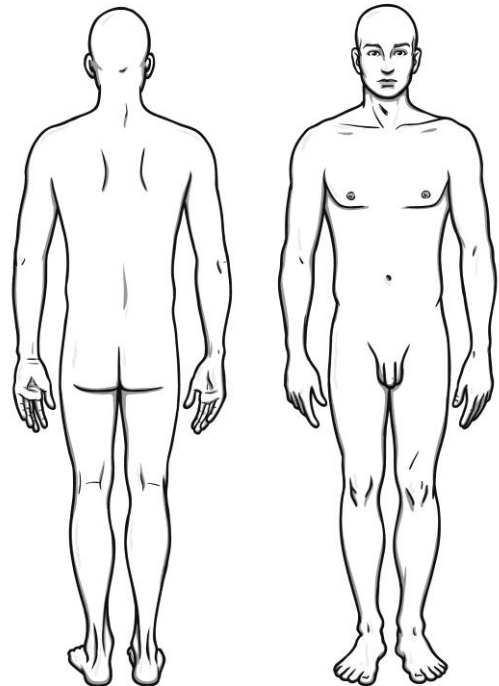
Breast Melanoma

**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: _____