









Nuclear Medicine Bone Scan:

Name: _____ Date of Injection: _____ Check In Time: _____

Please follow these directions carefully.

1 Day Before Radioactive Injection	Day of Radioactive Injection
 Take all medications as prescribed by your physician	 Hydrate - drink cold beverages throughout the day
 Hydrate - drink cold beverages throughout the day	 Eat and drink unless you have another test that has dietary restrictions
 Eat and drink unless you have another test that has dietary restrictions	 Wear loose comfortable clothing free from metal objects
 If you are breast-feeding, please call Nuclear Medicine at (206) 223-6951 for additional instructions.	 Female patients, who might be pregnant, e.g. last menstrual cycle greater than 28 days, will require a pregnancy test