



TESTICULAR SCAN
Nuclear Medicine

Patient's Name: _____

DOB: _____

Diagnostic Imaging Department
222 Medical Circle
Morehead, KY 40351
Office: 606-783-6761
Fax: 606-783-6935

Patients:
These are the instructions for your scheduled procedure in our Diagnostic Imaging Department.

Scheduling

Your examination has been scheduled for:

Date: _____ **Time:** _____ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time so you can register. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

“We ask that you make every attempt to keep your scheduled appointment as we have ordered a drug specific to your test and you. If you do need to reschedule or cancel your procedure, please call 606-783-6761, 24 hours prior to your scheduled appointment.”

Purpose

This Nuclear Medicine procedure is performed in order to study the blood supply to the testicles.

Preparation

None

Procedure

You will be placed on a scanning table under a specialized scanner. The testicles are positioned on a lead blocker by the technologist. The technologist will inject a liquid into a vein in your arm. This liquid contains a very weak radioactive substance that will distribute itself throughout your body. By use of a computer, images are obtained and recorded. The complete procedure takes approximately 45 minutes to 1 hour.

Results

The radiologist will review your procedure and send a written report to your physician. You will have to contact your physician for the results. Your physician will discuss the results with you as appropriate. The technologist will be unable to give you any information or interpretation about the results of your exam.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.