



Appointment date: / /

Appointment time:

Please bring your Medicare card, previous x-rays and scans.

Patient details

Name:

DOB: / /

Phone:

Procedure Requested: *Please tick or write below*

- | | |
|--|--|
| <input type="checkbox"/> Bone Scan | <input type="checkbox"/> Lymphoscintigraphy |
| <input type="checkbox"/> Body composition DEXA | <input type="checkbox"/> Gastric emptying |
| <input type="checkbox"/> Bone Mineral Density DEXA | <input type="checkbox"/> Gastric reflux |
| <input type="checkbox"/> Pharmacological myocardial perfusion | <input type="checkbox"/> Oesophageal transit |
| <input type="checkbox"/> Lung scan (V/Q) | <input type="checkbox"/> Colonic transit |
| <input type="checkbox"/> Lung Quantitation | <input type="checkbox"/> Gated Heart pool |
| <input type="checkbox"/> Hepatobiliary (HIDA) | <input type="checkbox"/> Bone marrow |
| <input type="checkbox"/> Renal - indicate - DTPA or MAG 3 or DMSA | <input type="checkbox"/> Parathyroid |
| <input type="checkbox"/> Cerebral Perfusion | <input type="checkbox"/> Thyroid |
| | <input type="checkbox"/> Others: _____ |

Clinical notes

Referring Doctor These sections **MUST** be completed

| | |
|------------|--------------|
| Name: | Provider No: |
| Address: | Speciality: |
| | Phone: |
| | Fax: |
| | Email: |
| Signature: | Date: |



Spectrum nuclear imaging

PATIENT INSTRUCTIONS

You must inform staff if you are **pregnant** (or if there is any chance that you may be pregnant) or if you are breast feeding.

Scan preparation (if applicable):

- **Myocardial Perfusion Scan:** This test requires you to fast from midnight. Plain water is allowed. **Do not have caffeine (e.g. coffee, tea, coca-cola, chocolate) for 24 hours prior to your test.** Please consult your doctor regarding medications before the test.
- **Biliary Scan:** Please do not eat or drink for 6 hours prior to your test. If you are taking pain killers, please contact us for specific instructions.
- **Bone and Lung (V/Q) Scans:** No Preparation.
- **Colonic Transit:** This test is done over 5 days and you will need to attend our practice once a day for images (15 mins). Fasting from midnight. Please consult with reception regarding medication (certain medications might interfere with this test).
- **Renal Scans:** There are 3 different types of this test (depending on what your doctor is looking for) therefore when booking in, we require a copy of the referral.

All other tests: Please contact us for specific instructions.

We require 24hrs notice for any cancellations.



Ground Floor, 13 - 15 Silver Street, Randwick NSW 2031

Ph: 9197 8000 Fax: 9197 8029

You doctor has recommended you use Spectrum Nuclear Imaging.
You may choose another provider but please discuss with your doctor first

SPEC101 05/17