

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*

☐ Bone scan

☐ Body composition DEXA

☐ Bone mineral density (BMD) DEXA

☐ Persantin myocardial perfusion

☐ Lung scan (V/Q)

☐ Lung quantitation

☐ Hepatobiliary scan (HIDA)

☐ Renal scan - DTPA, MAG3, DMSA
(indicate)

☐ Cerebral Perfusion

☐ Lymphoscintigraphy (extremities)

☐ Gastric emptying

☐ Gastric reflux

☐ Oesophageal transit

☐ Gated heart pool

☐ Bone marrow

☐ Parathyroid

☐ Thyroid

☐ Liver/spleen

☐ Other: _____

Clinical notes

Referring Doctor These sections **MUST** be completed

Name:

Provider No:

Address:

Speciality:

Phone:

Fax:

Email:

Date:

Signature:

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.
- **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

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

SPEC101 10/26