Spectrum
nuclear imaging
www.spectrumradiology.com.au

Dr Michael Lin
Dr Peter Lin
Dr Quyen Nguyen

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 DEXA
- ☐ Pharmacological myocardial perfusion
- ☐ Lung scan (V/Q)
- ☐ Lung Quantitation
- ☐ Hepatobiliary (HIDA)
- ☐ Renal - indicate - DTPA or MAG 3 or DMSA
- ☐ Celebral Perfusion
- ☐ Lymphoscintigraphy
- ☐ Gastric emptying
- ☐ Gastric reflux
- ☐ Oesophageal transit
- ☐ Colonic transit
- ☐ Gated Heart pool
- ☐ Bone marrow
- ☐ Parathyroid
- ☐ Thyroid
- ☐ Others: _____

## Clinical notes

**Referring Doctor** These sections **MUST** be completed

Name: Provider No:

Address: Speciality:

Phone:

Fax:

Email:

Signature: Date: