Dr. Patrick G Donnelly MBBS (Hons) FRACP
Consultant Physician
Nuclear Medicine and Bone Densitometry

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Phone: (02) 4862 2325
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Request Form

Patient Details:

Mr/Mrs/Miss _____ DOB _____

Clinical Details: _____

_____

_____ Allergies: _____

Request: (Please tick/circle where applicable)

Bone	❑ Regional (± SPECT/CT)	❑ Whole Body (± SPECT/CT)
Cardiac	❑ Myocardial Perfusion (Exercise/Pharmacologic)	❑ Gated Blood Pool
Endocrine	❑ Thyroid ❑ I-131 Therapy	❑ Parathyroid
GIT	❑ Colon Transit ❑ Hepatobiliary (HIDA) ❑ Liver RBC (Haemangioma)	❑ Gastric Emptying ❑ Liver/Spleen (Colloid) ❑ GIT Bleed Study
Infection/Inflammation/Tumour	❑ Gallium (± SPECT/CT)	❑ White Cell (± SPECT/CT)
Lung	❑ Ventilation/Perfusion (VQ)	
Lymphatic	❑ Lymphoscintigraphy	❑ Lymphoedema
Renal	❑ DTPA/MAG3 ± Lasix/Captopril	❑ DMSA
Bone Mineral Densitometry	❑ AP Spine & Femur	
Other	❑ _____	

Referring Doctor:

Name _____ Signature _____ Provider No. _____ Date _____

Preferred Images ❑ Film ❑ CD ❑ Paper ❑ PACS

Is the patient pregnant of breastfeeding ❑ Yes ❑ No

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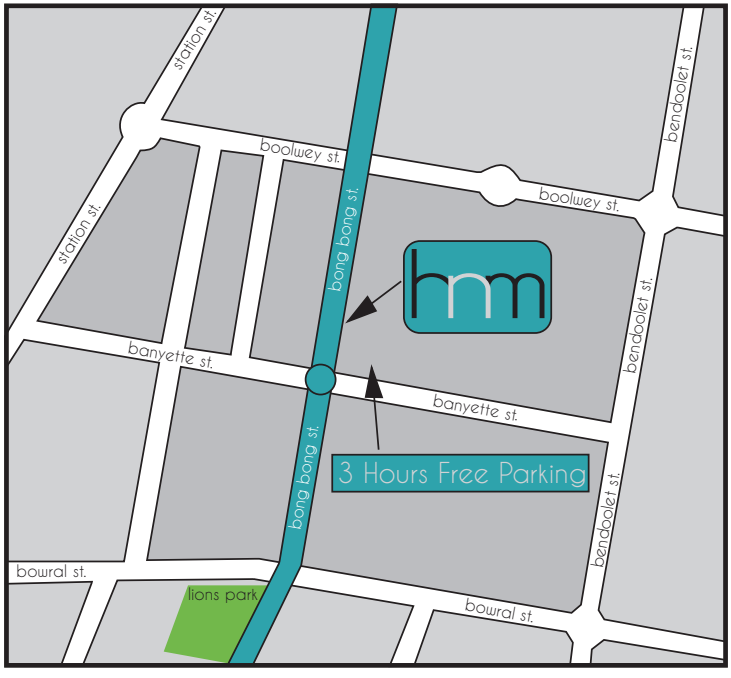
p.t.o

Scan Preparations:

- Cardiac - Myocardial Perfusion scan – light breakfast
  No Tea/Coffee or any caffeine containing foods for 24 hours before the test
- Bone, lung, liver, gallium or gated blood pool scans – No preparation
- Renal scan – Drink 3 cups of water before scan
- Thyroid scan – No intravenous contrast for 4 weeks before scan
- Gallbladder/Hepatobiliary – 4 hour fast before scan

WHAT TO BRING: MEDICARE CARD
PREVIOUS FILMS AND TEST RESULTS

Appointment: Date _____ Time _____



For further information please see our website:
www.highlandsnucmed.com.au

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