



THE NUCLEAR MEDICINE & PET DEPARTMENT NEPEAN HOSPITAL

Drs Bui, Mansberg, Nguyen and Associates

Routine.  Semi-Urgent.  Urgent. Fax/Ring me with the results on: \_\_\_\_\_  Results needed by: \_\_\_/\_\_\_/\_\_\_

**Appointment Date:** \_\_\_/\_\_\_/\_\_\_ **Appointment Time:** \_\_\_\_\_:\_\_\_\_\_

## NUCLEAR MEDICINE

PATIENT NAME: \_\_\_\_\_  OUTPATIENT  INPATIENT & WARD: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_ MRN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: (H) \_\_\_\_\_

\_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ (M) \_\_\_\_\_

## NUCLEAR MEDICINE EXAMINATION including LOW DOSE CT:

<p><input type="checkbox"/> <b>BONE SCAN</b></p> <p><input type="checkbox"/> <b>RENAL PERFUSION SCAN:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> DTPA <input type="checkbox"/> GFR (only) <input type="checkbox"/> MAG 3</p> <p><input type="checkbox"/> <b>RENAL CORTICAL SCAN - DMSA</b></p> <p><input type="checkbox"/> <b>THYROID SCAN</b></p> <p><input type="checkbox"/> <b>PARATHYROID including THYROID</b></p> <p><input type="checkbox"/> <b>LYMPHOSCINTIGRAPHY:</b></p> <p>_____</p> <p><input type="checkbox"/> <b>HEPATOBIILIARY SCAN</b></p> <p><input type="checkbox"/> <b>COLONIC TRANSIT STUDY</b></p> <p><input type="checkbox"/> <b>GASTRIC EMPTYING</b></p> <p><input type="checkbox"/> <b>OESOPHAGEAL TRANSIT</b></p> <p><input type="checkbox"/> <b>GATED HEART POOL SCAN</b></p> <p><input type="checkbox"/> <b>V/Q LUNG SCAN</b></p> <p><input type="checkbox"/> <b>MYOCARDIAL PERFUSION:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Coronary Ca<sup>2+</sup> Score</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>61329 (GP)</b> Combined stress and rest myocardial perfusion study for assessment of cardiac ischemia, if patient is:</p> <p style="padding-left: 40px;">(i) unsuitable for stress echo</p> <p style="padding-left: 40px;">(ii) unable to exercise</p> <p style="padding-left: 40px;">(iii) failed stress echo</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>61345 (Specialist)</b> Combined stress and rest myocardial perfusion study for assessment of cardiac ischemia, if patient is:</p> <p style="padding-left: 40px;">(i) unsuitable for stress echo</p> <p style="padding-left: 40px;">(ii) unable to exercise</p> <p style="padding-left: 40px;">(iii) failed stress echo</p> <p style="padding-left: 40px;">(iv) undue exertional dyspnoea of uncertain aetiology</p>	<p><input type="checkbox"/> <b>CEREBRAL PERFUSION</b></p> <p><input type="checkbox"/> <b>INFECTION:</b> _____</p> <p><input type="checkbox"/> <b>CONSULT FOR THERAPY</b></p> <p>_____</p> <p><input type="checkbox"/> <b>OTHER:</b> _____</p> <p><input type="checkbox"/> <b>BMD:</b> <input type="checkbox"/> <b>12306 ELIGIBLE FOR REBATE EVERY 24 MONTHS</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Proven osteoporosis (at least 12 months prior)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Wedging/fracture (minimal trauma)</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>12312 ELIGIBLE FOR REBATE EVERY 12 MONTHS</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Prolonged steroid therapy <input type="checkbox"/> Early Menopause</p> <p style="padding-left: 20px;"><input type="checkbox"/> Male Hypogonadism (low testosterone)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Female Hypogonadism (amenorrhoea)</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>12315 ELIGIBLE FOR REBATE EVERY 24 MONTHS</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Hyperparathyroidism</p> <p style="padding-left: 20px;"><input type="checkbox"/> Coeliac disease <input type="checkbox"/> Crohn's disease</p> <p style="padding-left: 20px;"><input type="checkbox"/> Chronic liver or renal disease</p> <p style="padding-left: 20px;"><input type="checkbox"/> Conditions associated with thyroxine excess</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>12321 ELIGIBLE FOR REBATE EVERY 12 MONTHS</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Significant change in treatment</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>12320</b> <input type="checkbox"/> Initial screening for patient &gt;70 years of age</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>12322 ELIGIBLE FOR REBATE EVERY 5 YEARS</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Follow-up scan for patient with T-score &gt;1.5</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>12322 ELIGIBLE FOR REBATE EVERY 2 YEARS</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Follow-up scan after 2 years for patients with T-score &lt;1.5</p>
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## ADDITIONAL CLINICAL INFORMATION:

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## REFERRING SPECIALIST DETAILS:

Dr. \_\_\_\_\_ PROVIDER No: \_\_\_\_\_ PAGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

## WHERE TO GO:

The Nuclear Medicine Department is on Level 2 West Block at Nepean Hospital, Cnr Parker and Derby Streets, Penrith. There are multiple car parking stations on site at a cost.



Please notify us if you cannot make your appointment.

## WHAT TO BRING:

Medicare Card and any previous X-rays or scans, wear non-metallic clothing, and a list of current medications.

## NUCLEAR MEDICINE PROCEDURES:

**Bone Scans, Lung Scans, BMD, Gated heart Pool Scan – NO PREPARATION REQUIRED.**

**MIBI Heart Scans – Bring Exercise gear, Fasting from Midnight.**

**NO Caffeine 24 Hours Prior (i.e. Tea / coffee / chocolate / Coca-Cola / Any other caffeinated products.)**

**Kidney Scans – DTPA, No diuretics – 1 Litre of fluid 1 hour prior.**

**Hepatobiliary – Fatty meal 4 hours prior to scan, then fasting until the scan.**

**Gastric Emptying Scan – Fast from midnight.**

## DIABETICS RING FOR INSTRUCTIONS

**Business Hours: 7am to 4:30pm (Monday to Friday)**

Please go to the hospital information desk for information and directions to the Nuclear Medicine Department.



**Health**  
Nepean Blue Mountains  
Local Health District