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Nuclear Medicine Referral

Qscan RADIOLOGY CLINICS

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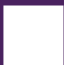

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MORE REFERRAL PADS
- ☐ A4 (computerised)
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PATIENT DETAILS

Patient name:

Birth date:

Address:

Telephone:

Medicare number:

EXAMINATION REQUESTED

- ☐ Bone scan
- ☐ VQ lung scan
- ☐ Thyroid scan
- ☐ Parathyroid scan
- ☐ MAG3 renal scan
- ☐ DMSA renal scan
- ☐ Hepatobiliary scan
- ☐ Reflux study
- ☐ Gastric emptying study
- ☐ Cardiac amyloid scan
- ☐ Cerebral SPECT
- ☐ Other nuclear medicine scan: ____________
- ☐ Myocardial perfusion scan
  Medicare criteria for myocardial perfusion scan. All 3 items below need to be ticked for eligibility:
  - ☐ No MPS claimed in the previous 24 months
  - ☐ Symptoms of cardiac ischemia
  - ☐ Not suitable for exercise or echocardiography

CLINICAL DETAILS

REFERRED BY

Referrer name:

Address:

Provider number:

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