



Nuclear Medicine / Scintigraphy Imaging

Patient Name:		
Patient Address:		
Patient Telephone Home:		
Bus:		
Date of Birth:	Male ☐ Female ☐	Paed. Weight: kg
ACC No:	NHI No:	
Insurer:		
Is Patient Pregnant?	Yes ☐	No ☐
Is patient on thyroid medication? (specify)	Yes ☐	No ☐
Previous Nuclear Medicine exam? Yes ☐ No ☐		
Clinical History:		
Urgent Study: Yes ☐ No ☐		
Urgent Report Phone:		Fax:
Email:		
Dispatch of:	Films	Reports
Send to Referrer	☐	☐
Send to Patient	☐	☐
Copy of Report to:		

AUCKLAND

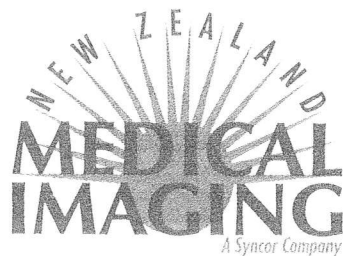
Telephone: 09 579 9173 Freephone: 0800 IMAGING (462446)

HAMILTON – ANGLESEA SPECIALISTS

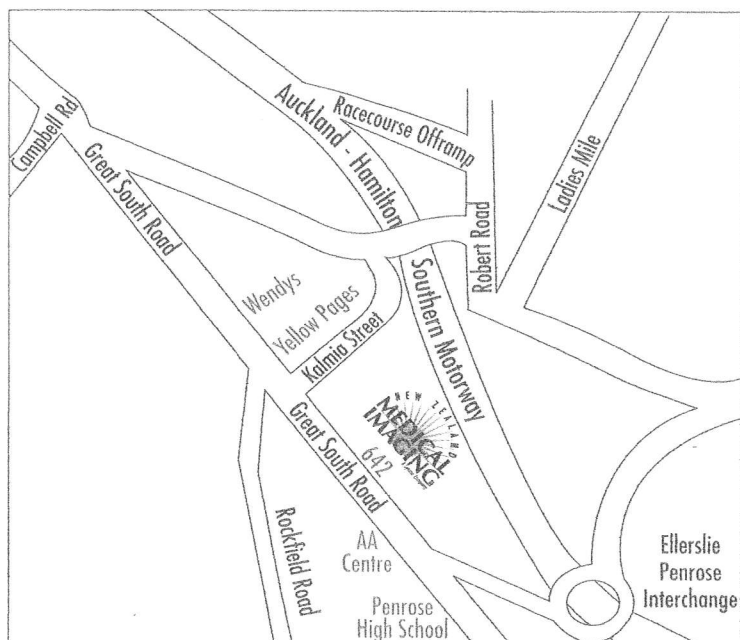
Telephone: 07 957 6087 Fax: 07 957 6081

Please refer to location map on back

Examination Requested (Please Tick)	
BONE ☐ Whole Body Bone Scan ☐ Limited Bone Scan* ☐ Bone Scan Single Area SPECT*	GENITO URINARY ☐ Renogram ☐ Renogram-Captopril ☐ Renal Scan-DMSA ☐ Glomerular Filtration Rate (GFR) ☐ Testicular Scan
CARDIAC ☐ Myocardial Perfusion - Str/Rst ☐ Gated Blood Pool Scan ☐ First Pass ☐ Myocardial Infarct Scan	GASTRO INTESTINAL/ABDOMEN ☐ Liver/Spleen Scan ☐ Hepatobiliary Scan (IDA) ☐ Gastro Oesophageal for Reflux ☐ Gastric Emptying – Solid ☐ Gastric Emptying – Liquid ☐ Meckels Diverticulum ☐ GI Bleed
LUNG ☐ Ventilation/Perfusion Lung Scans+ ☐ Perfusion Lung Scan+	THERAPEUTIC ☐ (I-131) Thyrotoxic Therapy ☐ (I-131) Thyroid Ablation ☐ Bone Metastatic (Palliation)
THYROID ☐ Thyroid Scan ☐ Thyroid Function (I-131) ☐ Parathyroid Scan ☐ I-131 Thyroid Metastatic Scan	BRAIN ☐ Brain Perfusion ☐ CSF Leak ☐ Shunt Patency
INFECTION/TUMOUR ☐ Haemangioma Study ☐ Gallium Scan for Tumour/Abscess ☐ Limited Gallium Scan with SPECT* ☐ White Blood Cell Scan* ☐ Sentinel Node ☐ Breast Imaging^	MISCELLANEOUS ☐ Lymphoscintigraphy
* Please specify area of interest +Recent Chest X-Ray should accompany patient ^Most recent mammogram should accompany patient The services in RED are available ONLY in Auckland	
PLEASE ADVISE PATIENT TO BRING ANY RELEVANT SCANS/XRAYS	
Referring Physician	
NZMC Number	
Signature:	
Date:	

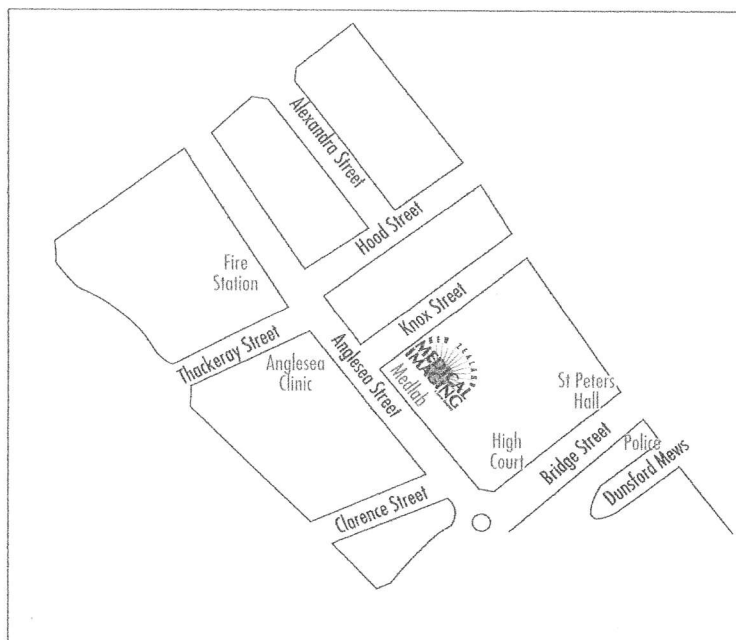


State of the Art Scintigraphy



AUCKLAND

Ground Floor, 642 Gt South Road, Ellerslie, Auckland.
PO Box 74182, Auckland.
Phone 09 579 9173 Freephone 0800 IMAGING (462446)
Fax 09 579 9174 Email nzmiadm@ihug.co.nz
Disabled access via rear of building



HAMILTON — ANGLESEA SPECIALISTS

Corner Knox Street and Anglesea Street, Hamilton.
PO Box 228, Hamilton.
Phone 07 957 6087 Fax 07 957 6081
Email nzmi@angleseamedical.co.nz