

PATIENT DETAILS

Patient name:

Birth date:

Address:

Telephone:

Medicare number:

EXAMINATION REQUESTED

☐ Bone scan

☐ Gastric emptying study

☐ VQ lung scan

☐ Cardiac amyloid scan

☐ Thyroid scan

☐ Cerebral SPECT

☐ Parathyroid scan

☐ Other nuclear medicine scan: _____

☐ MAG3 renal scan

☐ Myocardial perfusion scan

☐ DMSA renal scan

Medicare criteria for myocardial perfusion scan.
All 3 items below need to be ticked for eligibility:

☐ Hepatobiliary scan

☐ No MPS claimed in the previous 24 months

☐ Reflux study

☐ Symptoms of cardiac ischemia

☐ Not suitable for exercise or echocardiography

CLINICAL DETAILS

PLEASE TICK FOR PRINTED IMAGES



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IMAGES

- ☐ Online
☐ CD
☐ Return with patient
☐ Courier/Deliver

REPORT

- ☐ Electronic download
☐ Fax

MORE REFERRAL PADS

- ☐ A4 (computerised)
☐ A5 (manual)

REFERRED BY

Referrer name:

Address:

Provider number:

Send copy to:

Signature

Date

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.