

SIR CHARLES GAIRDNER HOSPITAL NUCLEAR MEDICINE DEPARTMENT NUCLEAR MEDICINE REQUEST	URN: <input style="width: 150px;" type="text"/>
	Surname: <input style="width: 150px;" type="text"/>
	Forename: <input style="width: 150px;" type="text"/>
	Gender: <input style="width: 100px;" type="text"/> DOB: <input style="width: 100px;" type="text"/>

PATIENT INFORMATION (please print clearly)

* DATE RESULTS REQUIRED <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Today – please phone <input type="checkbox"/> < 3 Days <input type="checkbox"/> 1 Week <input type="checkbox"/> 2-3 Weeks <input type="checkbox"/> Months	* DATE OF REC.	* DOCTOR IN CHARGE
* PATIENT WILL BE: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	TELEPHONE NO.	REQUESTING DOCTOR
* PATIENT STATUS: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Veteran <input type="checkbox"/> MVIT/WC <input type="checkbox"/> Overseas	FAX NO.	REQ. DR'S PAGE NO.
ADDRESS FOR REPORT		
NOTE: Illegible or incomplete request forms will be returned to the referrer. * = Essential Information YOU ARE FREE TO CHOOSE YOUR OWN IMAGING PROVIDER		

REQUEST

STUDY REQUESTED?	CLINICAL DIAGNOSIS
CLINICAL QUESTION TO BE ANSWERED:	
CLINICAL NOTES:	PREGNANT?
	BREASTFEEDING?
	LNMP

PLEASE ASK PATIENT TO BRING ALL RELEVANT PREVIOUS X-RAYS AND NUCLEAR MEDICINE SCANS TO THE NUCLEAR MEDICINE DEPARTMENT	* DR'S SIGNATURE AND PROVIDER NUMBER
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ACCESS TO THE DEPARTMENT IS VIA THE BLUE LIFTS, FIRST FLOOR, G BLOCK S.C.G.H.
 TELEPHONE - 6457 2322 (ENQUIRIES) FACSIMILE - 6457 3610 S.C.G.H. SHUTE 24

DEPARTMENTAL USE ONLY

RADIOPHARMACEUTICAL AND DOSE DYNAMIC VIEWS STATIC VIEWS SPECT CT	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">TECHNOLOGIST</td> <td style="width: 20%; text-align: center;">SCAN</td> <td style="width: 60%; text-align: center;">DETAILS</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	TECHNOLOGIST	SCAN	DETAILS													
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NUCLEAR MEDICINE REQUEST

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