

San Radiology & Nuclear Medicine

Nuclear Medicine and BMD/DEXA Request

Please scan here to request an appointment



SYDNEY ADVENTIST HOSPITAL
185 Fox Valley Rd, Wahroonga NSW 2076

Nuclear Medicine
Level 3, San Clinic Suite 306
E: nadmin@sah.org.au

BMD/DEXA
Radiology Level 3, Tulloch Building
E: radiology@sah.org.au

Patient Name: _____ D.O.B: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ MRN: _____

Is this patient part of a Clinical Trial? Yes No. If yes, Name of trial _____

NUCLEAR MEDICINE EXAMINATION REQUIRED:

- | | |
|--|---|
| <input type="checkbox"/> Bone Scan | <input type="checkbox"/> Lymphoscintigraphy |
| <input type="checkbox"/> Cardiac Amyloid (PYP) | <input type="checkbox"/> Meckels |
| <input type="checkbox"/> Gallium | <input type="checkbox"/> Parathyroid |
| <input type="checkbox"/> Gastric Emptying | <input type="checkbox"/> Renal |
| <input type="checkbox"/> Gated Heart Pool Scan | <input type="checkbox"/> DMSA |
| <input type="checkbox"/> Hepatobiliary / HIDA | <input type="checkbox"/> DTPA |
| <input type="checkbox"/> Lung V/Q | <input type="checkbox"/> Thyroid |

- Cardiac Perfusion (SestaMIBI)
(Refer to back of request form for MBS Descriptors)
- 61345 - Specialist Referral - Ischaemia (Rest & Stress)
- Specialist Referral - Ischaemia (Rest & Stress)
(post revascularisation)
- 61321 - Specialist Referral - Viability (Tc99m)
- 61325 - Specialist Referral - Viability (TI201)
- 61329 - GP Referral - Ischaemia (Rest & Stress)

BMD/DEXA EXAMINATION REQUIRED:

- Bone Mineral Density (DEXA)
- Date of last BMD _____
- 12306 (once every 2 years) Min trauma fracture/Low BMD (over 12 months ago)
- 12312 (once every 1 year) Menopause <45/Hypogonadism/ Excess glucocorticoid secretion
- 12315 (once every 2 years) Hyperparathyroidism, CLD/CKD, Malabsorption Disorder, Coeliac, Rheumatoid
- 12320 (once every 5 years) >70 and no previous BMD/ normal BMD/mild osteopenia T score >-1.5
- 12322 (once every 2 years) >70 and moderate to marked osteopenia T score <-1.5
- 12321 (once every 1 year) Low BMD and change in medication type

OTHER EXAMINATION/S: _____

CLINICAL NOTES

Could the patient be pregnant? Yes No
Is patient diabetic? Yes No

REFERRER DETAILS

Name: _____

Provider No: _____

Address: _____

Copy to: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE TICK TO OPT OUT OF PRINTED IMAGES
All images are available online

PATIENT INFORMATION

(procedure time in brackets)

Please note that some examinations require preparation.
Please enquire when making your appointment.

*Note if you are DIABETIC please inform our team at the time of making your appointment as modified preparation instructions may apply.

MY APPOINTMENT DETAILS

Appt Date: ____ / ____ / ____ Appt Time: _____

Note: _____

Cardiovascular*: <ul style="list-style-type: none"> Exercise/persantin/dobutamine sestamibi heart scan (4-5hrs) <ul style="list-style-type: none"> - 4 hours fast, may drink water (unless diabetic*) - 24hrs prior: No tea, coffee, chocolate, cola - comfortable clothes & footwear If OK by referring doctor: <ul style="list-style-type: none"> - 48hrs prior: No persantin, asasantin, theophylline <ul style="list-style-type: none"> • Gated heart pool scan – no prep (1hr) 	Gastrointestinal*: <ul style="list-style-type: none"> • Gall bladder scan (HIDA or biliary scan) (2-3hrs) <ul style="list-style-type: none"> - fast 4hrs, may drink water • Liver/spleen scan (1.5hrs) – no prep • Liver blood pool scan (3-4hrs) – no prep • Meckel's scan (1hr) – fast 4hrs • Gastric emptying (4.5hrs) – fast 4 hrs • Bring prior imaging – Xrays, CT, MRI, ultrasound (if you are diabetic a different preparation may be required*) 	Renal: <ul style="list-style-type: none"> • DTPA Renal Scan (+/- Lasix) (1hr) <ul style="list-style-type: none"> - Well hydrated. If an adult, drink 500ml water over 2 hours before test - Omit diuretics on day of study • DMSA Renal Scan (3-4 hrs) <ul style="list-style-type: none"> - Well hydrated • Bring prior imaging – Xrays, CT, MRI, ultrasound
Lung: <ul style="list-style-type: none"> • V/Q (lung scan)(1hr) – no prep • Gallium scan (for inflammation)(2hrs) – no prep • Bring prior imaging – Xrays, CT, MRI, ultrasound 	Inflammation/Infection: <ul style="list-style-type: none"> • Gallium scan (2hrs) – no prep • Bring prior imaging – Xrays, CT, MRI, ultrasound 	Endocrine: <ul style="list-style-type: none"> • Thyroid scan (technetium) (1hr) – no prep • Parathyroid scan (sestamibi) (3-4hrs) – no prep • Bring prior imaging – Xrays, CT, MRI, ultrasound
Bone/Joint Scan: <ul style="list-style-type: none"> • No prep (4hrs) • Bring prior imaging – Xrays, CT, MRI, ultrasound 	Lymphoscintigraphy: <ul style="list-style-type: none"> • No prep (3hrs) • Bring prior imaging – Xrays, CT, MRI, ultrasound 	BMD/DEXA (Bone Mineral Densitometry): <ul style="list-style-type: none"> • Present to San Radiology Level 3 – no prep (½hr)

REFERRER REFERENCE TABLE FOR CARDIAC NUCLEAR MEDICINE

MBS Item Number	Referrer Group	Descriptor Summary (Link to front of Request Form)	Detailed Descriptor in Medicare Benefits Schedule
61321	Specialist	Specialist Referral - Viability (Tc99m) once every 2 years	Rest Only (Tc99m) for assessment of extent and severity of viable and non-viable myocardium
61325	Specialist	Specialist Referral - Viability (TI201) once every 2 years	Rest Only (TI201) for assessment of extent and severity of viable and non-viable myocardium
61324	Specialist	Specialist Referral - Ischaemia (Stress Only) once every 2 years	Stress Only, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61345	Specialist	Specialist Referral - Ischaemia (Rest & Stress) once every 2 years	Rest and Stress, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61349	Specialist	Specialist Referral - Ischaemia (Rest & Stress) (post revascularisation) once per year	Repeat Rest and Stress, when had prior imaging in last 24 months and a revascularisation procedure and has ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or failed stress echo or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61329	GP	GP Referral - Ischaemia (Rest & Stress) once every 2 years	Rest and Stress, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or failed stress echo, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology
61357	GP	GP Referral - Ischaemia (Stress Only) once every 2 years	Stress Only, ischaemic symptoms that a stress echocardiography is unlikely to provide adequate information due to body habitus/other physical condition, or inability to exercise or has had an assessment of undue exertional dyspnoea of uncertain aetiology

For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

HOW TO FIND US

San Radiology:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P1**

Nuclear Medicine:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P2**



www.sanradiology.com.au

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