

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

**GENERAL NUCLEAR MEDICINE**  Bone  Other (specify): \_\_\_\_\_

**MYOCARDIAL PERFUSION**

Exercise  Dipyridamole / Adenosine  Dobutamine      Date of last test: \_\_\_\_\_

**NUCLEAR MEDICINE THERAPY** \_\_\_\_\_

**POSITRON EMISSION TOMOGRAPHY (PET/CT) (HERVEY BAY)** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**PRE-EXAMINATION CHECK**

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process  
 Informed Consent Obtained

Staff Initial \_\_\_\_\_

**FOR ALL EXAMINATIONS USING RADIATION**

PREGNANT?      Yes  No

If yes, I confirm that Radiologist consent was obtained with approval to proceed  
 Yes  No

**Contrast Allergies**      Yes  No

**Renal Disease**      Yes  No

**Diabetes Metformin Treatment**      Yes  No

**Blood Thinning Medication**      Yes  No

**Pacemaker**      Yes  No

Signature\*

Date\*

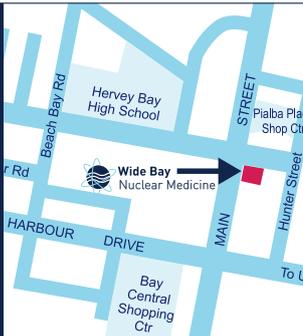
All reports and images are available electronically. Please tick below for your additional requests.

Referrals Forms Required

**REPORTS**  Urgent Results  Fax  Download  Phone  Film  Copy reports to:

*Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.*

**HERVEY BAY MEDICAL CENTRE**



46-48 Main St. Pialba QLD 4655  
 (07) 4124 3580  
 (07) 4128 1870  
 bookingshb@widebaynm.com.au  
 Monday to Friday 8.00am - 5.00pm  
 Closed weekends and public holidays  
 ABN 20 665 764 894

**BOURBONG MEDICAL CENTRE**



290 Bourbong St.  
 Bundaberg West, QLD 4670  
 (07) 4151 6880  
 (07) 4153 1323  
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 Monday to Friday 8.00am - 5.00pm  
 Closed weekends and public holidays  
 ABN 20 665 764 894

**PATIENT PREPARATION**

- BONE SCAN:** Remain well hydrated. Images performed 2-3 hours after injecting & take up to 1 hour.
- MYOCARDIAL PERFUSION SCAN (Thallium, Sestamibi, MPS)** Fast for 3 hours after a light breakfast, then have clear fluids sparingly. No caffeine (tea or coffee) for 24 hours. Omit betablockers on day of test. If done on a 'one day' protocol allow 3-4 hours. More detailed written information provided. Please note Medicare limits reimbursement to every 2 years for GPs and 12 months for specialists.
- BILIARY SCANS (HIDA, HIDA/CCK)** Fast for 4 hours. Gastric Emptying - fast for 8 hours.
- RENAL SCANS** Remain well hydrated. If renal artery stenosis is being assessed ACE inhibitors need to be reviewed.
- POSITRON EMISSION TOMOGRAPHY (PET)** Remain well hydrated. Keep warm. Wear loose comfortable clothing without metal eg zippers or underwire bras. Take usual medications. Remove facial and neck jewellery.
  - PMSA PET/CT** Requires no further preparation.
  - FDG PET/CT** Requires further preparation. Fast for 6 hours but drink water (no sugars) freely. Diabetics - specific information will be provided.

Most other procedures have no special preparation.

**DIAGNOSTIC NUCLEAR MEDICINE**

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**BONE SCAN:** Bone metastases, osteomyelitis, stress fractures, bone tumours, arthritis, loose prosthesis, osteonecrosis, CRPS and tumour staging.

**THYROID SCAN:** Thyroid nodules, goitre, all causes of hyperthyroidism, thyroiditis.

**MYOCARDIAL PERFUSION:** ("thallium"/"sestamibi"/"MPS") Assessment of myocardial ischaemia and viability. For patients unable to exercise dipyridamole or dobutamine (for asthmatics) are used. Rest and post stress images.

**LUNG SCAN:** Ventilation and perfusion-pulmonary emboli. More sensitive and far less radiation than helical CTPA. Regional quantification. Right to left shunts.

**RENAL SCAN (DTPA):** (+/-captopril or frusemide) Differential renal functions, renovascular hypertension, ureteric obstruction. MAG3 is substituted in children. Camera based GFR quantification.

**RENAL SCAN (DMSA):** Renal scarring and acute pyelonephritis (more sensitive than ultrasound). Differential function (particularly if one kidney is small or ectopic).

**GALLIUM SCAN:** PUO. Sarcoidosis. Chronic infections, eg osteomyelitis and infected joint prosthesis. Lymphoma staging and response to treatment.

**NUCLEAR MEDICINE THERAPY**

**RADIOACTIVE IODINE (1-131):** Treatment of hyperthyroidism.

**WHITE CELL SCAN:** Localisation of acute or subacute infection. Assessment of activity of inflammatory bowel disease.

**COLLOID LIVER SCAN:** Diffuse or chronic liver disease. Assessment of liver nodules (FNH). Labelled Red Cell Scan Haemangioma of the liver. Gastrointestinal haemorrhage.

**BILIARY SCAN (HIDA):** Acute cholecystitis. Biliary obstruction or dysfunction. Response to a fatty meal or CCK used to assess chronic cholecystitis or sphincter of Oddi dysfunction.

**LYMPHOSCINTIGRAPHY:** Sentinel node localisation in breast cancer and melanoma. Assessment of lymphoedema and lymphatic drainage.

**CEREBRAL PERFUSION (CERETEC):** Dementias and cognitive impairment and cerebrovascular disease.

**GASTRIC EMPTYING:** Quantitative assessment of solid gastric emptying using a labelled egg sandwich. There are alternatives for patients allergic to eggs. Half clearance time and % retained at 4 hours are calculated. Liquid emptying can also be assessed (separate study).

**COLONIC TRANSIT:** Small and large bowel clearance using sequential images over 5 days.

**LACRIMAL SCAN:** Functional nasolacrimal duct obstruction.

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**Appointment Date:**

**Appointment Time:**

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