NZMI imaging

Nuclear Medicine Scintigraphy

Planar & SPECT/CT Specialists

NZMI HAMILTON

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Email: hamilton@nzmi.co.nz

Anglesea Clinic Gate 1, 7 Thackeray Street, Hamilton.

See location map on the back of this form.

First Name Surname

Address:

Email:

Date of Birth: / /

Tel (Hm): Insurer #:

Tel (Mob):

NHI# ACC#

Clinical Details PREGNANT: YES ☐ NO ☐ Pt. Weight Kg.

Report Priority: ☐ Urgent ☐ Routine

Send Report: ☐ EDI ☐ Email

SCINTIGRAPHY REQUEST

BONE
- ☐ Whole Body Bone Scan
- ☐ Bone SPECT/CT

REGIONS
- ☐ Head ☐ Cervical ☐ Thorax
- ☐ Lumbar ☐ Pelvis ☐ Hips
- ☐ Knees ☐ Feet
- ☐ Other

LYMPHOSCINTIGRAPHY
- ☐ Sentinel Node Mapping
- ☐ With SPECT-CT Localisation
- ☐ Injection only
- ☐ Lymphedema

THYROID
- ☐ Thyroid Uptake
- ☐ Parathyroid

RENAL
- ☐ Renogram (DTPA or MAG3)
- ☐ Renal-with Lasix
- ☐ Renal-DMSA

LUNG
- ☐ Ventilation / Perfusion (VQ)
- ☐ Perfusion Only

GASTRO INTESTINAL / ABDOMEN
- ☐ Hepatobiliary (HIDA-Gall Bladder)
- ☐ Gastric Emptying
- ☐ Colonic Transit (Ga67)
- ☐ Gastro Oesophageal for Reflux
- ☐ Meckel's Diverticulum
- ☐ GI Bleed
- ☐ Liver / Spleen

CARDIAC
- ☐ Myocardial Perfusion Str/Rst (MPS)
- ☐ Gated Blood Pool(MUGA)
- ☐ Cardiac Amyloidosis

INFECTION / TUMOUR
- ☐ Gallium(Ga67) for Tumour / Abscess
- ☐ White Blood Cell

BRAIN
- ☐ TRODAT-1 SPECT-CT
- ☐ Ceretec Perfusion SPECT-CT

OTHER
- ☐ Octreotide/Tektrotyd
- ☐ SeHCAT
- ☐ 99mTc-PSMA
- ☐ Dacroscintigraphy

REFERRING PRACTICIONER:

SIGNATURE:

TELEPHONE or Email:

NZMC No.

COPY OF REPORT TO:

DATE: