

Private Nuclear Medicine Request



The Royal
Melbourne Hospital

Nuclear Medicine Appointments:

9342 7480

Facsimile: 9342 7342

Nuclearmedicine@mh.org.au

Website: www.thermh.org.au/services/medical-imaging/imaging-services/nuclear-medicine-pet

The Department of Nuclear Medicine
Ground Floor, Clinical Sciences Building
The Royal Melbourne Hospital
Royal Parade Parkville Vic 3050

Patient Details

Surname: Given Name:

Date of Birth: Phone Number: Mobile:

Address: Male Female

..... **RMH UR Number:**

Patient Checklist

Is the patient pregnant? Yes No Is the patient breastfeeding? Yes No

Is the patient diabetic? Yes No Is the patient asthmatic? Yes No

Has the patient had a past reaction/allergy? Yes No If yes

Does the patient require an interpreter (to be organised by patient/carer)? Yes No

Will the patient arrive by assisted transport? Yes No Ambulance / Red Cross / DVA

Study Requested

Preferred Date/Month of Study

Next available or Month/Year:

Clinical Details

Report and Image Requirements *(tick as required)*

Emailed Report Fax Report Mail (Report & Images)

Copy of report to:

Please contact our Customer Liaison Officer on 0437 852 032 to discuss the option of accessing images via Synapse

Referring Doctor Details

Name: Provider No: Date:

Address:

Telephone: Fax: Signature:

Nuclear Medicine use Only

RADIOPHARM

ALLERGIES Yes / No

ACTIVITY

DATE

METHOD

MEDICATION ADMINISTERED

ADMIN. BY

TIME OF ADMIN

Timeout

Patient Name Checked:

Patient DOB Checked:

Patient Address Checked:

Patient UR Verified:

Note; Three (3) of the four (4) identifiers MUST be checked prior to the examination being performed.

PREGNANCY STATUS OF THE YES

PATIENT CHECKED N/A

INITIAL