

**ST. TERESA'S HOSPITAL****SCANNING DEPARTMENT**

(CT, MR, NM, PET Scan &amp; Bone Densitometry)

NM CODE NO.: NM

Exam. Date:

**NM SCAN** 同位素掃描  
Requisition form

B1 Floor, Main Block, 327 Prince Edward Road, Kowloon.

聖德肋撒醫院 掃描部 香港九龍太子道327號醫院大樓地庫一層

Tel. 電話 : (852) 2715 8660 Fax 傳真 : (852) 2762 2718

**TYPE OF EXAMINATION REQUESTED:** (PLEASE ✓ APPROPRIATE ITEMS)**MYOCARDIAL PERFUSION**(EXERCISE  ADENOSINE )

- STRESS + REST  
 STRESS + REST  
 + VIABILITY STUDY

 MUGA BONE GI BLEEDING MECKEL'S HEPATOBILIARY (HIDA) LUNG VQ**THYROID**

- TECHNETIUM  
 IODINE UPTAKE  
 IODINE WHOLE BODY

**THYROID THERAPY**

- HYPERTHYROIDISM  
 (uptake + treatment)  
 THYROID CANCER ABLATION

 PARATHYROID MIBG LIVER & SPLEEN (S-Colloid) PROTEIN LOSING ENTEROPATHY**RENAL**

- DTPA +/- LASIX  
 MAG3 +/- LASIX  
 CAPTOPRIL DTPA  
 CAPTOPRIL MAG3  
 DMSA

 DIRECT VOIDING CYSTOGRAM DTPA + INDIRECT  
VOIDING CYSTOGRAM SENTINEL LYMPH NODE  
(CA BREAST) LEUCOCYTE (WBC) GALLIUM OTHERS (please specify)**PAST MEDICAL HISTORY:** (PLEASE ✓ APPROPRIATE ITEMS) No  Yes Asthma ? \_\_\_\_\_ No  Yes COAD ? \_\_\_\_\_ No  Yes Hypertension ? \_\_\_\_\_ Others: \_\_\_\_\_*Please stick label if available or use block letter* Body Weight \_\_\_\_\_ Kg.

Patient's Name: \_\_\_\_\_

Sex/Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hosp.: \_\_\_\_\_

Hosp. No.: \_\_\_\_\_ Ward/Rm. No.: \_\_\_\_\_

**CLINICAL INFORMATION:** (HISTORY & PHYSICAL SIGNS & SYMPTOM & LAB. RESULTS)

Official use

take Hx: \_\_\_\_\_

'er 1: \_\_\_\_\_

'er 2: \_\_\_\_\_

Own films \_\_\_\_\_

CD \_\_\_\_\_

Films \_\_\_\_\_

Colour print \_\_\_\_\_

Printed old films \_\_\_\_\_

**REFERRING DOCTOR:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Tel.: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_