HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
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NUCLEAR IMAGING REQUEST FORM

****Request form without complete information will be returned**

Patients's Name:		Gender :	Ethnic :
IC Number:	Age :	Weight :	L.M.P. Date :
Address:			Contact Number :
Patient Condition: ☐ Walking ☐ Wheel chair ☐ Trolley			Payment Method:

Requesting Examination:

☐ Bone	☐ Meckel's (GI Bleed)	☐ Sentinel Node Scintigraphy
☐ Brain	☐ MIBG	☐ Thyroid (I-131)
☐ Cr-57 EDTA (GFR)	☐ Parathyroid	☐ Thyroid (Tc-99m)
☐ Gastric Emptying Scan	☐ Renal DMSA	☐ Whole Body Scan
☐ HIDA	☐ Renal DTPA	☐ Others:
☐ Lung Perfusion	☐ Renal MAG 3	_____
☐ Lymphoscintigraphy	☐ Scintimun	_____

Patient's Medical History (Please attach all the necessary **INVESTIGATION RESULTS** with this form)

List of Current Medication:	Previous Imaging:

Date of next clinic appointment **(compulsory to be filled)**:

Signature of **Requesting Doctors** with official stamps: Name : Department : Contact no : Date :	Signature of **Referring Specialist in-charge** with official stamps: Name : Department : Contact no : Date :