





SA Health

Appointment Time:				Day:	Date	φ.		Location:								
				☐ Interpreter	Language:											
FAILS	Address:			Patient type:		re elini	ble  MVA	DOB:								
PATIENT DETAILS				☐ Work injury	☐ DVA	U	Non-Medicare	Gender: Male Female Unspecified								
ENT				Patient election:	☐ Private		Public	Telephone No:								
UR No:				Outpatient Clinic:				Medicare No:								
EXAMINATION REQUESTED:				(ii roiovain)				'								
		SIED.														
	ONE	IETDV	ILS													
DENSITOMETRY																
(D	XA)		CLINICAL DETAILS													
			Ž	Date of Last DXA scan:				Known allergies:								
			ပ	Possibility of pregnancy:   Yes   No Date of LMP:			No Date of LMP:									
				_ , , ,	☐ Diabete		Other relevant consid	, , , ,								
REF	ERRING CLINICIAI	V	2	Name:			_	Public Health System Distribution)								
Name							,	ts to My Health Record								
Address			OF REPORT	Address:			RESULTS									
Pager / DECT No			OF R				☐ Fax No:	☐ Hardcopy report to referrer								
Provider no			COPY			☐ Medinexus		Date required:								
Telephone No (for any urgent/ unexpected results)							Films / Images									
DOC	TORS SIGNATURE															
		t form, your <b>Medicare card</b> and any <b>rel</b> o		previous films/re	esults to you	ur appo	ointment.									
		<b>ket expense</b> for Medicare eligible patient lended that you use a South Australia Me		maging sits for you	r imaging ov	vomino:	tion									
		st to another diagnostic imaging provider														
	STUDY TYPE(S) REQUESTED:  Mobile service (contact RAH Nuclear I			☐ Hip			Lateral vertebral an	nalysis (LVA)								
				☐ Total Body			<ul> <li>Special studies - (study duration-please allow longer for paediatrics Detail:</li> </ul>									
	A Medicare benef	fit may be payable for this service (see	octan.													
		n determining this please indicate if the following indications apply to this patient:														
	12306	☐ One or more fractures occurring after minimal trauma ☐ Monitoring of osteoporosis proven by previous bone densitometry (T score < -2.5, Z Score < -1.5)														
(6	12312	Prolonged glucocorticoid therapy con			months dura	ation										
STS		Conditions associated with excess glue     Male hypogonadism	100001	orticola secretion												
RY T		Female hypogonadism more than 6 months before age 45 (excluding pregnancy)														
MET	12315	☐ Primary hyperparathyroidism														
SITO		☐ Chronic liver disease ☐ Chronic renal disease														
DEN		☐ Proven malabsorptive disorders														
NE		☐ Rheumatoid arthritis ☐ Conditions associated with thyroxine excess														
DXA BONE DENSITOMETRY TESTS	12321	-														
č		☐ Significant change in therapy to confirm presumed low BMD based on minimal trauma fracture(s)														
	12320	Person over age 70 where 12306, 12312  Either: No previous BMD <b>OR</b> T score >			<b>J</b> O											
	12322	Person over the age of 70 <b>AND</b> T score -1.5 to -2.5 and last BMD > 2 years ago														
	DXA Studies (stu	dy duration in brackets)	D	DXA Preparation												
	Spine & Hip (20 m	in) LVA/N	-	metry (+5min)		T	o minimise inconvenie	venience patients should attend wearing loose								
		composition (+10min) Forea					tting clothing with no round the lower abdor	metal (in pockets or fasteners on clothing) men, waist or hip.								
The mobile service measures spine, hip and forearm bone densitometry in Adults only.  around the lower abdomen, waist or hip.																

<b>DIRECTORY OF</b>	SERVICES	
<b>SOUTH AUSTRA</b>	LIA MEDICAL	<b>IMAGING</b>

SOUTH AUSTRALIA MEDICAL IMAGING					Dental /	Ultrasou	Fluorosc			Mammo	Angiogra	Interven	General	PET CT	Bone De	Breath T	Nuclear
REGION	SITE NAME AND ADDRESS	TELEPHONE	FAX	X-ray	Den	H H	Fluc	CT	MR	Mai	Ang	Inte	Gen	F	Bon	Bre	Nuc
CENTRAL	Royal Adelaide Hospital <b>Medical Imaging</b> Level 3C (Ground), 1 Port Road, Adelaide	(08) 7074 4020	(08) 7074 6136	•	•	•	•	•	•	•	•	•					
	Royal Adelaide Hospital <b>Nuclear Medicine</b> Level 2, Lift E - 1 Port Road, Adelaide	1300 724 319	(08) 7074 6122										•	•	•	•	•
	Women's and Children's Hospital <b>Medical Imaging</b> Level 2, Rogerson and Queen Victoria Buildings, 72 King William Rd, North Adelaide	(08) 8161 6055	(08) 8161 6333	•	•	•	•	•	•		•	•	•		•		•
NORTH	Lyell McEwin Hospital <b>Medical Imaging</b> 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9999	(08) 8182 9998	•	•	•	•	•	•	•	•	•					
	Lyell McEwin Hospital <b>Nuclear Medicine</b> 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9992	(08) 8282 1395										•		•		•
SOUTH	Flinders Medical Centre <b>Medical Imaging</b> Level 2 & Level 3, Flinders Drive, Bedford Park	(08) 7117 2555	(08) 8204 6193	•	•	•	•	•	•	•	•	•	•		•	•	•
	Repat Health Precinct <b>Medical Imaging</b> 216 Daws Road, Daw Park	(08) 7117 2500	(08) 7117 2525	•	•	•	•	•				•					
WEST	The Queen Elizabeth Hospital <b>Medical Imaging</b> Ground Floor, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6894	(08) 8222 6040	•	•	•	•	•	•	•	•	•					
	QE Specialist Centre Unit 2, 35 Woodville Rd, Woodville South (opposite TQEH)	(08) 8222 6565	(08) 8222 6585	•		•		•				•	•				
	The Queen Elizabeth Hospital <b>Nuclear Medicine</b> Level 3, Area A, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6431	(08) 8222 6038										•			•	•
COUNTRY	Murray Bridge Soldiers' Memorial Hospital 96 Swanport Road, Murray Bridge	(08) 8535 6740	(08) 8535 6741	•	•	•	•	•				•					
	Port Pirie Hospital The Terrace and Alexander Street, Port Pirie	(08) 8638 4519	(08) 8638 4368	•	•	•	•	•		•		•					
	Riverland General Hospital 10 Maddern Street, Berri	(08) 8580 2430	(08) 8580 2440	•	•	•	•	•		•		•					
	Clare Hospital 47 Farrell Flat Road, Clare	(08) 8842 6512	(08) 8842 3541	•		•											

Please note hours of operation vary across sites and some services may be available on weekends at selected sites.

Not all sites offer the full range of examinations for each service and you may be directed to another site when making your booking.

# Patient preparation and instructions

Please inform our staff when booking your appointment if you:

Are claustrophobic, pregnant or breast feeding, have limited mobility or have difficult veins for injection.

If you are on medication, please continue taking it unless otherwise advised.

For Nuclear Medicine studies not listed, and all paediatric patients, procedure details will be explained by our staff when making your appointment.

# MYOCARDIAL PERFUSION SCAN (MPS)

Most scans require 2 visits, up to 5 hours duration in total. Please do not have any caffeine (e.g. coffee, tea, cola, chocolate) for 24 hours prior to your appointment and dress appropriately for physical exercise. Please inform our staff when booking if you are taking beta blocker medication or you are asthmatic.

### **BONE SCAN**

2 visits, 3–4 hours duration.

#### **RENAL SCAN**

1–2 hour duration (3 hours if GFR requested). Please come to your scan well hydrated.

#### PARATHYROID SCAN

2 visits, 3 hour duration in total.

# THYROID SCAN

1 hour duration. Please check your medication status with our staff at time of booking and inform them if you have had a CT scan in the last 4 weeks.

### **GASTRIC EMPYTING SCAN**

Up to 4 hours duration.
Please do not have any food for 6 hours prior to the test and only plain water up to 2 hours prior to the test.
Please check your medication status with our staff at the time of booking.

#### **BILIARY SCAN**

1-2 hour duration. Fast for 6 hours. Please hold opioid medications for 24 hours prior to the study.

LUNG (V/Q) SCAN
1 hour duration.

GATED BLOOD POOL SCAN (GBPS)

1 hour duration.

# **ALL PET SCANS**

General information:

3 hour duration. Please come to your appointment well hydrated. 1–2 business days prior, your appointment and preparation will be confirmed with you by our staff.

## FDG PET SCAN

Please do not have anything to eat or drink, except for plain water for 6 hours prior to your appointment. Please refrain from strenuous exercise and repetitive movement for 24 hours prior to your appointment. If you are diabetic please inform our staff when booking.

# **BONE DENSITY SCAN**

30 minute duration. Please wear loose fitting clothing with no metal (in pockets or fasteners on clothing) around the lower abdomen, waist or hip.

# ALL BREATH TESTS

General information:

Please do not have anything to eat and only plain water for 9 hours prior to the test.

# **UREA BREATH TEST**

30 minute duration. Eradication therapy/antibiotics are to be ceased for a minimum of 4 weeks. Proton pump inhibitors are to be ceased for minimum 7 days. H<sub>2</sub> receptor antagonists are to be ceased for a minimum of 9 hours.

#### TRIOLEIN BREATH TEST

6 hour duration. If you take Creon medication please bring it with you to the appointment.

# XYLOSE BREATH TEST

1 hour duration.

# **THERAPY**

Procedure details will be explained by our staff when making your appointment.