



**Jabatan Perubatan Nuklear**  
**Hospital Sultanah Aminah Johor Bahru**  
 Tel :07-2231666 Ext 2060



**General Nuclear Medicine Request Form**

(Request form without the following information will be returned back)

Name :	Gender :	Weight :
Address :	Age :	Height :
IC number :	Contact no.:	L.M.P:
Consulting specialist:	Special needs: <input type="checkbox"/> Wheelchair <input type="checkbox"/> No	Pregnant : <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of scan :	<b>For office use only</b> <b>Appointment</b>	
Requirement for sedation (patients ≤ 7 years of age, OKU) : <input type="checkbox"/> Yes* <input type="checkbox"/> No  *Please call Nuclear Medicine Department HSAJB to get appointment and sedation arrangement information	Date :	Time of scan :
	<input type="checkbox"/> Patient's information/preparation pamphlet attached	

Patient's Medical/Surgical History (detailed history with relevant \*blood investigations, radiological findings and treatment) :

.....  
 Signature of requesting doctor/physician  
 (with official stamp)

\* Blood investigation results required:

Renal Profile (DTPA/MAG3/DMSA scans) ; Thyroid Function/PTH/Corrected Ca<sup>2+</sup> levels (Thyroid and Parathyroid scans)  
 Prostate Specific Antigen/Tumour Markers/ALP/Corrected Ca<sup>2+</sup> (Bone scan) ; Liver function test (HIDA scan)

**For Office Use Only**

Vetted by :

Date:

Comments :