



## Scheduling protocol for scintigraphic examination

Examination:

### Patient information

Name and last name:  Patient phone:

Personal ID:  HIC code:

Height:  Weight:  Sex:  Male  Female

Patient address:

Patient email:  Date of birth:

### Referring organization

Address:

Phone no./Fax no.:  Email address:

### Diagnosis and detailed health information on the patient:

Diagnosis:

What question should be answered by the examination?:

Previous medicamentous treatment:

Short epicrisis/summary of previous examinations:

It is necessary to submit written findings from previous examinations or images (CT, MRI, USG...), ideally on a digital medium (CD, DVD, USB key...)

Date previous application of radiopharmaceuticals:

Examination Type:

### Physician information:

Name of physician:  Physician code:

Department code:

Date: .....

Stamp and signature of physician: ..... Patient signature: .....

By signature, the physician declares that he/she has examined the patient and considers the examination appropriate and assumes its benefit for the patient's further condition. The physician considers the examination urgent!

By signing, I confirm that I have been advised and agree to the examination.



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## More Details

