NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

HighRiskFoot Med HKH O22-30-92 rk up request form PRINTED:07JUL25 10:23 DOB: 290CT1948 Age: 76Y Sex: F NUFFIELD VILLAGE U 33 216 David Rd Ph: 0419018928 M/C:21923623891 H/F: MED- Reg: 05AUG24 Pi: 0419018928 H/F: MED- Fin: Non-Charge				
Clinical Details: 720M, HTN, OSA (eff sided Neoring loss				
Any previous Imaging available:	Yes		No	V
eGFR/renal function from a recent blood test:	Co Fi	K 55		
If the patient has an eGFR of under 30:		/		
Has the cardiologist been notified?	Yes	1	No	
Has the patient been prehydrated before the scan?	Yes		No	
Is the patient on fluid restrictions?	Yes		No	
Cardiologist to sign off on contrast injection/Renal Function	Yes	1	No	
Does the patient have a Coronary Angiogram booked, if so when?	Yes		No	
Allergies:	V		Na	
Past contrast reaction or allergy to x-ray dye?	Yes		No	V
Any other allergies:				
If allergic to lodine contrast - <u>bookings</u> must be made through our nurse with radiologist if patient is suitable for iodine contrast. If okay to proceed they must follow the NSRNM premedication protocol THE NIGHT BEFORE YOUR EXAMINATION: 1 x Prodpisons 50mg		am who	will	discuss
 1 x Prednisone 50mg ONE HOUR BEFORE YOUR EXAMINATION: 				
• 1 x Prednisone 50mg				
1 x Loratadine (Claratyne) 10mg				
• 1 x Nizatidine (Nizac) 300mg		/		
Date: $\frac{7}{7}$ / $\frac{25}{125}$ Doctors signature: $\frac{R \cdot Bhh \cdot dh}{Lh}$: <u>(</u> VS1	K U		