

## Order for gammagraphical investigation

Surname, name:

Id. No:

Health insurance company:

Body height:

Body weight:

Address and tel. No. (mobile) of patient:

Address, tel. No./fax of sending facility:

Diagnosis, clinical status:

Date of latest chemotherapy and radiotherapy:

(if applied)

What question is to be answered by the investigation?

Allergy of patient to medicaments, contrast substances or foodstuffs?

**Brief epicrisis / summary of recent investigations:**

Send the patient to the investigation with relevant written and graphical (CT, MRI...) documentation.

Date:

.....

Physician stamp and signature

.....

Sending physician code

I confirm by my signature that I was instructed and I agree with the investigation.

..... patient