



Bone scintigraphy

Do you have complaints ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, which ones ?
Height : cm Bodyweight ? kg	
Previous X-Ray or computed examinations ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, what, where, when ?
Previous nuclear medicine examinations (e.g. bone scintigraphy, thyroid scintigraphy, kidney scintigraphy) ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, what, where, when ?
Previous cancer or tumor irradiation ?	yes : <input type="checkbox"/> no : <input type="checkbox"/> If yes, what, where, when ?
Do you have or did you have infectious diseases like HIV/AIDS, hepatitis or tuberculosis ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, what, where, when ?
Did you have surgery at your skeleton or did you have any bone fractures ?	yes: <input type="checkbox"/> no : <input type="checkbox"/> If yes, what, where, when ?
Do you suffer from cancer ?	yes: <input type="checkbox"/> no : <input type="checkbox"/> If yes, which one ?
Name and address of your general practitioner (if not referring doctor)	
Additional question for women: Are you pregnant or could you be pregnant ?	yes: <input type="checkbox"/> no : <input type="checkbox"/>
Are you breast feeding ?	yes: <input type="checkbox"/> no : <input type="checkbox"/>

■ Declaration of consent

I agree with the implementation of the bone scintigraphy.



yes:

no:

I agree with the sending of my finding reports to my referring doctor and my general practitioner.



yes:

no:

You can revoke this declaration of will any time by written notice.

■ **Data protection and confidentiality**

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All external service providers with contact to personal data are subject to the duty of silence.



Date



Signature

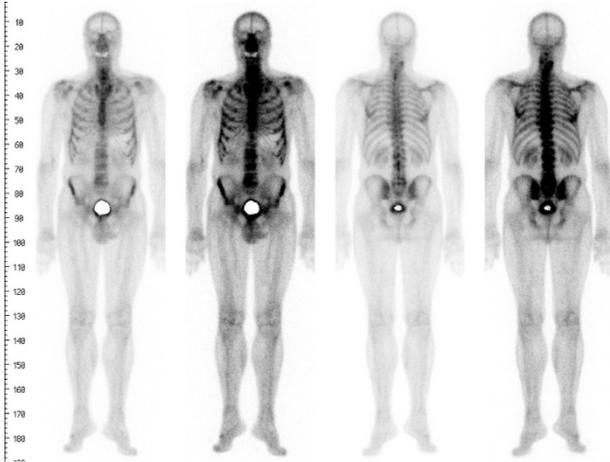


Patient information: nuclear medicine bone scintigraphy

name: _____

Your treating doctor has recommended for you a bone scintigraphy.

The examination will lead with high probability to a detailed diagnosis of your disease or a suspected disease can be excluded.



■ What is a bone scintigraphy ?

Before the examination you have to take off all metal things (hearing aid, jewellery, belt).

For this examination we will inject a low radioactive substance into a vein of your arm or hand. This radioactive substance will be absorbed by your bones and will send some radiance, which will be recorded by a special camera (gamma camera).

After application of the radioactive substance you will be asked to empty your bladder. After this the first images will be taken. You should lie calm and relaxed on the examination table. Subsequent you will be asked to drink 1,5 – 2 liter of water over a longer period. After this some more images will be taken.

You have to plan 5-6 hours for the whole examination.

■ Are there possible complications or is this examination dangerous ?

The radiation exposure is only produced of the applied medicine (radiopharmaceuticals). The camera does not produce any radiance, so the duration of the stay in the machine and the number of images taken by the camera, does not cause more radiation exposure.

Generally the radiation exposure remains under normal X-Rays (e.g. X-Ray of the lumbar- or thoracic spine). If you need further information of the radiation, please ask us before the examination.

Adverse reactions of radiopharmaceuticals are minimal. Because of i.v. injection there is the very rare possibility of bruises, infections or inflammations. In case of a paravasate, that is the medicine is not floating into a vein, but into the surrounding area, one should not expect serious complications.

Like with any other medicaments there can be intolerances of any kind.

■ Are there alternative investigation methods ?

In most cases a bone scintigraphy is an additional examination after e.g. CT or MRI.

It is useful to confirm or to exclude a presumptive diagnosis .

■ After the examination

Please keep away of pregnant women and children for at least 3 days. Please avoid physical contact. You should drink a lot (tea, sparkling water).

■ Additional information for women

Please inform us necessarily if you are pregnant or could be pregnant. In case of pregnancy this examination is not allowed to be undertaken.

In case of breast feeding you have to throw away the breast milk for a certain time. In this case, please ask for further information.

■ Rejection of examination or application of contrast medium

If you reject the examination or the application of contrast medium you risk disadvantages of your health. Therapies/surgeries are possibly delayed or not done at all.

■ Data protection and confidentiality

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All external service providers with contact to personal data are subject to the duty of silence.

 **I have read and understood the patient information**



Date

signature

Der Patient/Die Patientin hat keine weiteren Fragen und ist mit der Untersuchung einverstanden.

Unterschrift des Arztes: _____

Ersteller: H. Engel/Freigabe: QMB/Rev.00/19.02.2020