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Dr Ali Ati - FRACP

Patient

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Phone (H): _____ (M): _____ Email: _____

Medicare Number: _____

Investigations Required

- Liver scan Gallium scan (infection) Consultation Whole body fat assessment
- Bone scan Gall bladder Cardiac EF Bone densitometry scan
- V/Q lung scan Renal study ECG without report Gastric emptying study
- Thyroid scan MAG 3 scan HIDA scan Myocardial perfusion scan ("Thallium scan")
- Parathyroid scan Other (specify) _____

Clinical Details

Referring Doctor

Name: _____

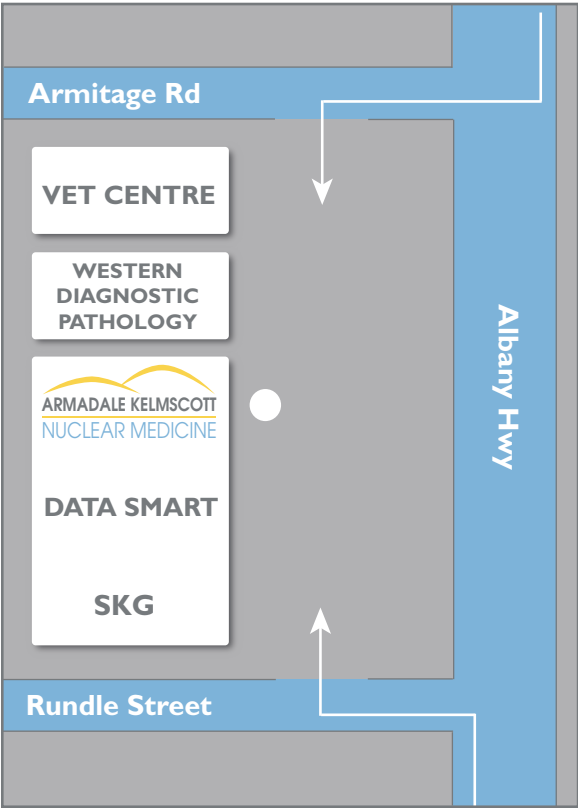
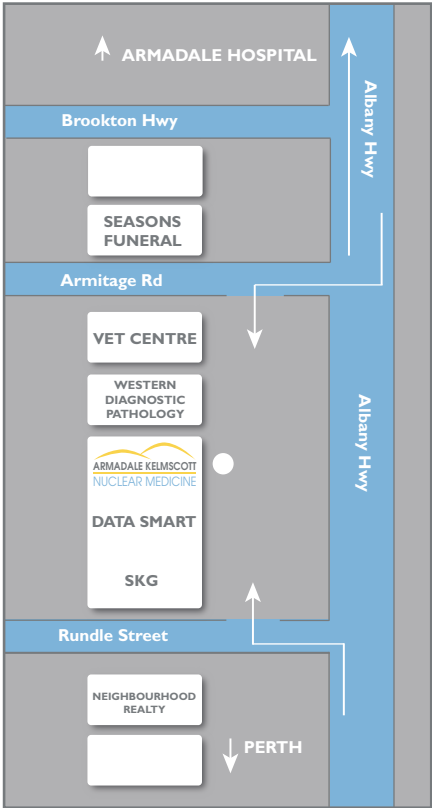
Provider Number: _____

Phone: _____ Fax: _____ Email: _____

Date _____ Signature _____

See reverse for location

where to find us...



**Entrance off Rundle Street, next door to SKG Radiology OR
Entrance off Armitage Street, next door to Western Diagnostic Pathology**

Technologist Comments
