

BONE SCAN



Name _____ X-ray # _____ Date _____

Please describe the special problem or symptom that led to this exam:

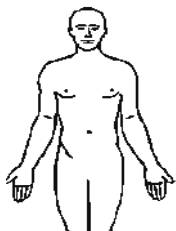
During the past 2 or 3 years have you had?

1. an infection within a bone (osteomyelitis)? _____ yes _____ no
2. broken bone (fracture)? _____ yes _____ no
3. recent injury to any area (trauma)? _____ yes _____ no
4. Have you ever had surgery on a bone? _____ yes _____ no
5. Have you ever had radiation therapy for treatment of cancer? _____ yes _____ no
6. Have you ever had chemotherapy for treatment of cancer? _____ yes _____ no

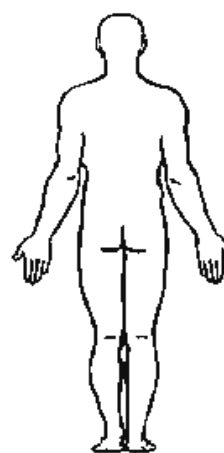
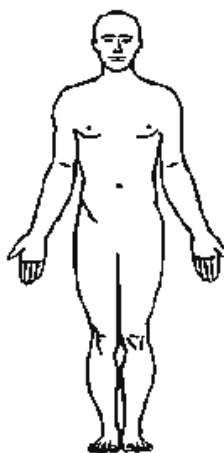
Please list all major operations during the last 5 years?

Injected by:

Please put a mark in any area where you have been experiencing pain.



- J Simonds
- P Peguero
- D Komor
- Other
- S Hadlick
- S Marcello



Consent given by Parent/Guardian for **minor** to have nuclear medicine procedure:

Name: _____ Date: _____