



PATIENT INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Primary Phone: _____

Patient's Address: _____ Town/City: _____ State: _____ Zip Code: _____

Male Female **Patient Weight :** _____ **(Needed to order Radiopharmaceutical)**

Patient Mobility: Ambulatory Wheelchair Stretcher Other _____

Insurance Plan: _____ Plan #: _____ Pre-Auth #: _____

PROVIDER INFORMATION

Ordering Provider: _____ cc: _____

Office Phone: _____ Cell Phone: _____ Pager #: _____

Signs/Symptoms /Reasons for Exam **(REQUIRED)**: _____

ICD 10 Codes **(REQUIRED)**: _____

Provider Signature: ** _____ Date: _____

****MUST BE ORIGINAL SIGNATURE ; STAMPED SIGNATURES NOT ACCEPTED**

EXAM REQUESTED :

CARDIAC (Nuc Med/SPECT)

Weight: _____ lbs

***If greater than 300lbs, order as 2-day**

- MUGA Viability study
- Myocardial Perfusion Test
 - Exercise 2-day
 - Vasodilator 2-day
 - Dobutamine 2-day

LUNG SCAN

- Lung V/Q Scan
- Lung Scan Split Function

THERAPEUTIC

- I-131 Thyroid Therapy
Requested Dose _____ mCi
 - with Thyrogen
- Sr-89 Metastron Therapy
- Zevalin Therapy
- I-131 Bexxar Therapy
- SM-153 Therapy
- Lutathera
- Xofigo
- Other Study _____

GU

- Renal Scan
 - w/o Lasix with Lasix
- DMSA Captopril

GASTROINTESTINAL SYSTEM

- GI Bleed Study
- Gastric Emptying Study
 - solid liquid
- Gastric Reflux Study
- Hepatobiliary Study
 - w/GBEF w/oGBEF
- Liver-Spleen Study
- RBC Liver (For Hemangioma)
- Meckel's Diverticulum Study

NERVOUS SYSTEM

- Brain Spect Study
- DatScan
- Cisternogram for NPH
- Cisternogram for CSF Leak
- Shunt study site: _____

ENDOCRINE SYSTEM

- Parathyroid Scan SPECT/CT
- Tc-99 Thyroid Scan only
- I-123 Thyroid uptake and scan
 - single uptake multiple uptakes
- I-123 Thyroid Uptake only
- I-123 Thyroid Uptake & Whole Body Scan
 - with Thyrogen
- I-131 Uptake & Whole Body Scan
 - with Thyrogen

BONE

- Bone Marrow Scan
- Bone Scan - whole body
 - with SPECT
- Bone Scan - 3 Phase

Site: _____

OTHER

- Lymphoscintigraphy
- Breast Melanoma Vulva
- Adrenal Scan / MIBG
- White Blood Cell Imaging
- Octreoscan
- Lymphodema

COMMENTS: _____

ALLERGIES: _____

