



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)**

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)**: _____

Clinical Decision Support G Code: _____ Clinical Decision Support Modifier: _____

Provider Signature: ** _____ Date: _____

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

EXAM REQUESTED :

CARDIAC

- Weight: _____ lbs
 MUGA Viability study
 Myocardial Perfusion Test
 Exercise
 Vasodilator
 Dobutamine

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
 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: _____

