



Department of Diagnostic Imaging
Nuclear Medicine Order Sheet
For Scheduling call:

- The Miriam Hospital
Telephone: 401-793-4480 **Fax #** 401-793-4444
- Rhode Island Hospital
Telephone: 401-444-5281 **Fax #** 401-444-2667

PATIENT INFORMATION

Patient Name: _____ DOB: _____ MR#: _____
 Last First Middle Initial
 Male Female Social Security #: _____ **Language Interpreter :** _____ (specify language)
 Patient's Address: _____ Town/City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Other: _____
Patient Weight : _____ **(Needed to order Radiopharmaceutical)**

PHYSICIAN INFORMATION

Ordering Provider: _____ cc: _____
 Office Phone: _____ Cell Phone: _____ Pager #: _____
 Signs/Symptoms /Reasons for Exam **(REQUIRED):** _____
 ICD 10 Codes **(REQUIRED):** _____

Physician Signature: ** _____ Date : _____

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

INSURANCE INFORMATION

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

PHYSICIAN 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
- Other Study _____

GU

- Renal Scan
 - without Lasix with Lasix
 - DMSA Captopril
- Protascint Study

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
- 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

COMMENTS: _____



Rhode Island Hospital

A Lifespan Partner

Department of Diagnostic Imaging
PET / CT Order Sheet
For Scheduling call: 401-444-7383
Fax # 401-444-4447

Physician Signature: ** _____ Date : _____

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

APPOINTMENT SCHEDULED FOR: _____ / _____
Date Time

PATIENT INFORMATION

Patient Name: _____ DOB: _____ MR#: _____
Last First Middle Initial

Male Female Social Security #: _____ Language Interpreter : _____ (specify language)

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

Home Phone: _____ Work Phone: _____ Other: _____

Patient Height : _____ Patient Weight : _____ (Needed to order Radiopharmaceutical)

PHYSICIAN INFORMATION

Ordering Provider: _____ cc: _____

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

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

Primary Care Physician Name: _____

Worker's Compensation: Yes No If yes, Employer Name: _____ Employer Phone #: _____

INSURANCE INFORMATION

Primary Insurance

Insurance Name: _____ Policy #: _____ Medicaid State: _____

Telephone #: _____ Policy Holder Name: _____ Relation to Patient: _____

Secondary Insurance

Insurance Name: _____

Pre-Auth #: _____

Enter all ICD-10 codes that apply (REQUIRED): (Primary) _____ (2) _____ (3) _____

(4) _____ (5) _____

OTHER QUESTIONS :

ALLERGIES NO YES IF YES, SPECIFY _____

PREGNANCY / BREAST FEEDING NO YES

PRECAUTIONS NO YES IF YES, TYPE : _____

PRIOR CT or PET STUDIES NO YES RIH/TMH/RIMI/SHIELDS/NEWPORT OUTSIDE : _____

DIABETIC NO YES INSULIN

XRT / SURGERY NO YES TYPE : _____

PHYSICIAN EXAMINATION REQUESTED : CHECK ONLY ONE EXAM

BRAIN
 Seizure
 Dementia

MELANOMA
 Staging, Initial
 Restaging

BREAST CANCER
 Staging for distant metastatic disease
 Restaging
 Therapeutic Response Monitoring

OVARIAN CANCER
 Staging
 Restaging

CARDIAC
 Myocardial viability

HEAD & NECK CANCER
 Diagnosis
 Staging, Initial
 Restaging

MYELOMA
 Staging, initial
 Restaging

COLORECTAL CANCER
 Diagnosis
 Staging, Initial
 Restaging

ESOPHAGEAL CANCER
 Diagnosis
 Staging, Initial
 Restaging

LYMPHOMA
 Diagnosis
 Staging, Initial
 Restaging

LUNG CANCER (non-small cell)
 NSCLC Diagnosis
 NSCLC Initial Staging
 NSCLC Restaging

CERVICAL CANCER
 Staging

THYROID CANCER
 Staging/Restaging

SOLITARY PULMONARY NODULE
* nodule must be greater than or equal to 7mm

OTHER: _____