



**PATIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_