| USE BALL POINT PEN ONLY NUCLEAR MEDICINE C | | | ORDER FORM | | * Please arrive @ | for Registration | |
|--|---------------------------|---|--|--|---|------------------|--|
| | 6-328-4415 | | | Your appt. date is: | | | |
| | | | | | Your appt. time is: | | |
| STAT CALL REPORT # | <u> </u> | | | τ | | | |
| STAT CALL REPORT PATIENT TO | <u> 0 WAIT #</u> | | | | hedule an appt. please call 336-328-33 M-Th 7:30am - 6:00pm, Friday 7:30am- | | |
| NPO = This exam requires nothin | | IDE | | | | | |
| drink 6 hrs prior to appoir | | For Pre-Registration call 336-328-3733 Monday - Friday 8:00am - 6:00pm | | | | | |
| Pt. Name : Last First Middle | .О.В. | | Practitioner | 01 | | | |
| | | .0.D. | | | | Date | |
| Pt. Phone #: | Brocert / Authorization # | · L | | Dript No | me of Practitioner | Time | |
| | Precert / Authorization # | Pt. Sex: | | | ine of Practitioner | | |
| | Expires on: | M or | F | | | | |
| H e Boscon for Evo | 221 | | | | | | |
| H G B B → Reason for Exa > ICD 10 Code : | m | | | | | —) | |
| | | | | | | | |
| [x] Access central line or port if present and use for administration of medications and fluids. Flush per protocol. | | | | | | | |
| [] Do NOT access central line or port if present (if checked, this order prevents above order to access central line or port) | | | | | | | |
| ✓ Exam | | CPT(s) | | Exam | | CPT(s) | |
| ABSCESS/INFLAM LOCALIZ LTD | | 78805 | _ | | MG MECKELS | 78290 | |
| ABSCESS/INFLAM LOCAL BOBY | | 78806 | | MISC PRC | | 78999 | |
| ABSCESS/INFLAM LOCAL SPECT | | 78807 | | PARATHY | | 78071 | |
| BONE 3 PHASE HEPATOBILIARY IMAGE, INC GB ** without CCK | | 78315 78226 | | PARATHYROID (SESTAMIBI INJECTION O PULM PERFUSION IMAGING | | 78808 | |
| BILIARY IMAGE, INC GB WIthout CCK BILIARY IMG INC GB W/PHARM ** with CCK | | 78226 | | | L BASE TO MID-THIGH | 78580 | |
| BONE LIMITED | | | | PET WHO | | 78815 | |
| BONE MULTIPLE AREAS | | 78300 78305 | | | AGING W0/W PHARM | 78709 | |
| BONE W/SPECT | | 78320 | | RENAL IMAGING FLOW W/PHARM | | 78708 | |
| BONE WHOLE BODY | | 78306 | CARDIA MUGA REST | | 78472 | | |
| CARBON 14-UREA BREATH TEST | ** | 78268 | | SENTINEL | NODE INJECTION - RIGHT | 38792 | |
| CARDIAC PHARM REST/STRESS | ** | 78452 | | SENTINEL | NODE INJECTION - LEFT | 38792 | |
| Dobutamine [®] Lexiscan [®] | | | | SPLEEN | | 78185 | |
| CARDIAC REST/STRESS ** | | 78452 | | | IMG with Uptake MLT/ 4 & 24HR ** | 78014 | |
| CHEST 2 VIEWS | | 71020 | | | UPTAKE ONLY | 78012 | |
| GASTRIC EMPTYING ** | | 78264 | | | 78013 | | |
| | | 78278 | | | TRACER DISTR MULTI | 78801 | |
| | | 79005 | | | | 78740 | |
| | | 78215 | | PULM PERF&VENT/REBREATH&WSH (VQScan) MUST HAVE CHEST XRAY WITHIN 24 HOURS | | 78582 | |
| LYMPHATICS/LYMPH NODE | nt Order Form Instru | 78195 | | | | | |
| NUCLEAR MEDICINE Outpatient Order Form Instructions | | | | | | | |
| <u>*NPO Procedures * **</u> Nothing to eat, drink or medications for at least 6hrs <u>* Nuclear Cardiac Stress Tests *</u> Stress Test must be ordered as a 2-day protocol if patient weighs over 250lbs | | | | | | | |
| · Hepatobiliary Scan (Biliary, Hida Scan) | | | Rest/Stress Cardiolite Stress (Bruce Cardiolite, Exercise Cardiolite) | | | | |
| Gastric Emptying Dobutamine Cardiolite Stress (History of asthma or COPD) | | | | | | | |
| · Carbon 14-Urea Breath Test | | | · Lexiscan Cardiolite Stress (Chemical Stress with no breathing problems) | | | | |
| · Cardiac Stress Test | | | Thyroid Tests | | | | |
| RAI Thyroid Therapy Thyroid Unterlag | | | * Thyroid 4hr & 24hr Uptake* and Scan | | | | |
| Thyroid Uptake Bone Scans | | | 2-day procedure | | | | |
| Bone Scans Patient Patient Patient | | | | | | | |
| Bone Limited (Focus on 1 area) example: Ribs Thyroid Scan | | | | | | | |
| · Bone Multiple Areas (Focus on more than 1 area) example: | | | Patient | | | | |
| Spine and pelvis | | | Parathyroid Scan | | | | |
| Bone Whole Body (Any history of Cancer) Batiant will receive injection with images and then return these | | | Patient will receive injection, then imaged at 15mins, 1hr and 2hr post injection. | | | | |
| Patient will receive injection with images and then return 3hrs Followed by SPECT images. later for additional images Followed by SPECT images. | | | | | | | |
| · 3-Phase Bone Scan (Any extremities, bone replacements, · Renal Scan and Flow (Call Nuclear Medicine for prep) | | | | | | | |
| | | | | Stat Procedures | | | |
| example: Hip or knee replacements, pain in feet or hands No prep required | | | | | | | |
| Other Procedures PET · V/Q Scan (Lung Scan, Ventilation/Perfusion) Must also have a chest x Na prop required DET Skull Page to Mid Thigh · within 24bra | | | | | | a chest xray | |
| No prep required PET Skull Base to Mid-Thigh within 24hrs | | | | | | | |
| Liver/Spleen Scan GI Bleed Scan (GI blood Loss) GI Bleed Scan (GI blood Loss) Rest Muga Scan | | | | | | | |
| · Mackele Scan | | | | | | | |
| • • • Health | | | | | | | |
| | | | | | | | |
| Reviewed 1/22/2018 Nuclear Medicine Order Form | | | | | | | |
| Nuclear Medicine Order Form | | | | | | | |