



NUCLEAR MEDICINE ORDER FORM

Page 1

Fax order to (802) 524-1289

Diagnostic Imaging Scheduling (802) 524-1058

Nuclear Medicine (802) 524-1092

***Incomplete orders will be returned; all fields are required for scheduling**

Date: _____

Patient Information

Patient Name _____

Sex: ☐ M ☐ F

DOB: _____

Patient special needs:

Address: _____

Claustrophobic? ☐ Yes ☐ No

Difficult IV start? ☐ Yes ☐ No

Needs physical assistance? ☐ Yes ☐ No

Needs interpreter? ☐ Yes ☐ No

Height: _____ Weight: _____ BMI: _____

Comments: _____

Insurance Information

Insured _____

Policy # _____ Group# _____ CO# _____

Referring Provider

Name: _____ Phone: _____

UPIN _____ ID _____ Fax: _____

Signature: _____

Exam order Information

Diagnosis/Reason for exam: _____

****Patient diagnosis are required for billing. DO NOT use "rule out" or "suspected". Use signs, symptoms, patient complaints, and known diagnoses. Use a narrative diagnosis rather than an ICD-10 Code****

☐ Routine ☐ Urgent

DI discretion to change order as needed? ☐ Yes ☐ No

Cardiovascular

☐ **Cardiolite Myocardial Perfusion SPECT CPT 78452**

☐ Exercise (must be able to walk briskly uphill)

☐ Pharmaceutical Stress

Reason: ☐ leg, joint, back pain ☐ LBBB ☐ frailty ☐ deconditioning

Does patient have a pacemaker? ☐ Yes ☐ NO LBBB? ☐ Yes ☐ No

☐ **Resting RVG (MUGA) CPT 78472 ☐ w/1st Pass CPT 78481**

☐ **Cardiac Amyloidosis (PYP) CPT 78830**

Endocrine

☐ **Thyroid Scan Only (Tc99m) CPT 78013**

☐ **Parathyroid SPECT/CT CPT 78072**

Hepatobiliary

☐ **Hepatobiliary (HIDA) W/CCK CPT 78227**

☐ **Hepatobiliary (HIDA) W/O CCK CPT 78226**

☐ **Liver/Spleen planar CPT 78215**

☐ **Liver/Spleen SPECT CPT 78205**

NUCLEAR MEDICINE ORDER FORM

Page 2

Skeletal

- ☐ Whole body CPT 78306
- ☐ Ltd. area planar CPT 78300 _____ (area of interest)
- ☐ Multiple areas planar CPT 78305 _____ (areas of interest)
- ☐ 3-Phase CPT 78315 _____ (area of interest)
- ☐ SPECT/CT single area CPT 78830 _____ (area of interest)
- ☐ SPECT/CT 2 areas CPT 78832 _____ (areas of interest)

Gastrointestinal

- ☐ Gastric Empty CPT 78264
1. Is the patient diabetic? ☐ YES or ☐ NO (if yes, instruct the patient to bring their glucose monitor and insulin if applicable)
2. Is the patient taking Opiates or Methadone? ☐ YES or ☐ NO (if yes, the patient should be instructed to stop taking medication 2 days prior to exam).
If YES, would you like the patient to continue medication for the exam? ☐ YES or ☐ NO
3. Is the patient taking Prokinetic agents? ☐ YES or ☐ NO (if yes, the patient should be instructed to stop taking medication 2 days prior to exam. Unless exam is being done to test efficacy of these medications)
If YES, would you like the patient to continue medication for the exam ☐ YES or ☐ NO
- ☐ GI Bleed CPT 78278
- ☐ Meckel's Diverticulum CPT 78290

Respiratory

- ☐ Lung Ventilation/Perfusion Planar CPT 78582
- ☐ Lung Ventilation/Perfusion SPECT/CT CPT 78832
- ☐ Lung Pulmonary Perfusion only CPT 78580
- ☐ Lung Quantitative (preop) CPT 78897

Genitourinary

Renal Flow/Function Scan

- ☐ w/diuretic CPT 78708 ☐ w/o diuretic CPT 78707

Infectious Imaging

- ☐ WBC Scan Tc99m HMPAO ltd area CPT 78800 _____

Miscellaneous

- ☐ Sentinel node inj. _____ CPT 38792
- ☐ Left ☐ Right