

Nuclear Medicine Physician Orders

Patient Scheduling
917-7322
Fax: 917-4290



PATIENTS: Please bring this form to your testing appointment. See reverse side for more information & directions.

SMH Campus Clark Road. Institute For Advanced Medicine

Patient Name: _____

Appointment Time/Date: _____ Insurance Authorization #: _____

Clinical Indication/Reason for Exam: _____ *(Must be completed for the procedure to be performed)*

Ordering Physician Signature: _____ *(Procedure will not be performed without physician signature)* Date/Time _____

Duplicate report to Dr(s): _____

WET READING # TO CALL: _____ # TO FAX: _____

EXAM	Pt. Prep #	CPT Code	EXAM	Pt. Prep #	CPT Code
<input type="checkbox"/> Biliary Scan	2	78223	CARDIAC		
<input type="checkbox"/> Biliary Scan EF	2	78223	<input type="checkbox"/> Gated Blood Pool Rest/MUGA		78472
<input type="checkbox"/> Bone Scan		78306	<input type="checkbox"/> Hot Spot Phosphate/Infarct	1	78466
<input type="checkbox"/> Bone Spect		78320	<input type="checkbox"/> Myocardial Viability /Thallium	1	74865
<input type="checkbox"/> Bone Scan Triple Phase		78315	<input type="checkbox"/> Myocardial Perfusion Rest/Stress (Gated)	1	78465
<input type="checkbox"/> Brain Scan / Spect		78607	<input type="checkbox"/> Myocardial Perfusion/Pharma (Gated)	1	78465
<input type="checkbox"/> Cisternogram		78635	<input type="checkbox"/> Simple Stress Test (treadmill only)	1	93017
<input type="checkbox"/> CSF Leakage Location		78650	THERAPY		
<input type="checkbox"/> Esophageal Transit Study	3	78258	<input type="checkbox"/> Metastron Injection Sr-89		79101
<input type="checkbox"/> Gallium Infection Scan		78806	<input type="checkbox"/> Quadramet Injection SM-153		79101
<input type="checkbox"/> Gastric Emptying Study	3	78264	<input type="checkbox"/> Thyroid Ablation/Cancer		79005
<input type="checkbox"/> Gastroesophageal Reflux Study	3	78262	<input type="checkbox"/> Thyroid Ablation/Hyperthyroid		79005
<input type="checkbox"/> GI Bleeding Study	3	78278	<input type="checkbox"/> Zevalin Therapy	5	79403
<input type="checkbox"/> Liver Hemangioma	2	78205	THYROID IMAGING		
<input type="checkbox"/> Liver/Spleen Scan	2	78215	<input type="checkbox"/> Thyroid Uptake and Scan/I-123	4	78007
<input type="checkbox"/> Lung Scan Ventilation/Perfusion		78588	<input type="checkbox"/> Thyroid Scan Only, Technetium		78010
<input type="checkbox"/> Lung Quantitative		78596	<input type="checkbox"/> Total Body Scan/I-131 (Thyroid CA)	5	78018
<input type="checkbox"/> Lung Scan Perfusion only		78580	<input type="checkbox"/> Parathyroid Scan		78070
<input type="checkbox"/> Lymphoscintigraphy/Breast		78195	<input type="checkbox"/> Parathyroid/Dual Isotope		78070
<input type="checkbox"/> Lymphoscintigraphy/Melanoma		78195	<input type="checkbox"/> Parathyroid Scan/Surgery		78070
<input type="checkbox"/> Meckel's Diverticulum Study	3	78290	TUMOR IMAGING		
<input type="checkbox"/> Peritoneal Venous Shunt Study		78291	<input type="checkbox"/> CEA Scan		78803
<input type="checkbox"/> Renal Scan		78707	<input type="checkbox"/> Gallium Tumor Localization		78804
<input type="checkbox"/> Renal Scan GFR		78707	<input type="checkbox"/> MIBG /Tumor Imaging / I-131	5	78205
<input type="checkbox"/> Renal Scan with Captopril	5	78708	<input type="checkbox"/> Octreoscan	5	78803
<input type="checkbox"/> Renal Scan with Lasix		78708	<input type="checkbox"/> Oncoscint		78803
<input type="checkbox"/> Scintimammography		78800	<input type="checkbox"/> Proscint / CT Pelvis / Fusion		78803
<input type="checkbox"/> Ventricular Shunt Study		78645	DON'T FORGET TO LABEL ALL COPIES. IF NO LABEL, MUST INDICATE PATIENT NAME, DATE OF BIRTH AND DOCTOR		
INFECTION IMAGING					
<input type="checkbox"/> WBC Labeled Leukocytes		78806			
Is patient Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No			PATIENT NAME		
Does patient have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE OF BIRTH		
Patient Instructions / Examination Preparations – see reverse side →			DOCTOR:		

**SARASOTA MEMORIAL HEALTH CARE SYSTEM
NUCLEAR MEDICINE PHYSICIAN ORDERS**



PLACE PATIENT ID LABEL HERE

NUCLEAR MEDICINE PREPS

1. Cardiac Stress
 - Bring sweater
 - Wear comfortable shoes
 - NPO (nothing by mouth) 4 hours prior to appointment time
 - No caffeine
 - Off Beta blockers (Beta, Pace, Cogard, Inderal, Tenormin, Toprol, Lopressor)
 - No tobacco products

2. Biliary
 - NPO (nothing by mouth) 4 hours prior to appointment time

3. Gastric Studies
 - NPO (nothing by mouth) 4 hours prior to appointment time

4. All Thyroid
 - NPO (nothing by mouth) after **midnight**
 - Off thyroid medication for 2 weeks (i.e. Synthroid, Thyroxine, Triiodothyronine)
 - Off PTU or Tapezol 3 days
 - No IV contrast for 4 weeks prior (CT scan, IVP)
 - No vitamins containing iodine or kelp for 3 weeks

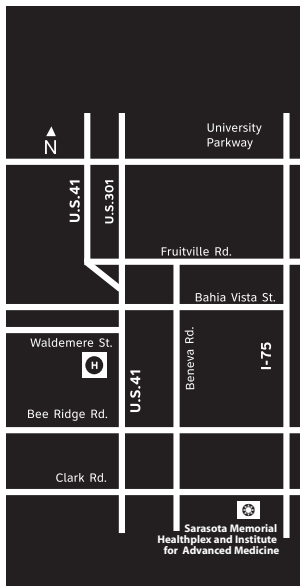
5. Specific Instructions at time of scheduling

6. **Diabetic patients (do not take medication) bring medication on day of appointment**

**Any questions on your preparation – please call
Nuclear Medicine scheduling at 917-7322**

NOTE TO PATIENTS:

*Please bring this form with you to your testing appointment.
Once your exam is scheduled, call Pre-Registration at (941) 917-6775*



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PATIENT NAME
DATE OF BIRTH
DOCTOR:
PLACE PATIENT ID LABEL HERE