

## Nuclear Medicine Order

147 North Brent Street, Ventura, CA

Mountain Tower, 1st Floor

Phone: 805-948-5026 Fax: 805-948-0433 Email: NucMed@mycmh.org



Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Insurance or Authorization Number \_\_\_\_\_

Diagnosis \_\_\_\_\_ Order Date \_\_\_\_\_

Referral Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

*Please call for pre-study instructions and bring this form with you to your appointment.*

*If you are unable to keep your appointment, please call or email 24 hours in advance*

### GENERAL NUCLEAR MEDICINE STUDIES

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_ Return Time \_\_\_\_\_

#### ☐ Bone Scan

☐ Whole body ☐ 3-phase ☐ Limited

#### ☐ Brain

☐ Cisternogram ☐ CSF-Leak ☐ DaTscan  
☐ VP Shunt Study

#### ☐ Cardiac

☐ Stress Test  
(4 hour fast, no caffeine 12 hours prior, bring medication list)  
☐ Pharmacologic ☐ Exercise  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Allergies \_\_\_\_\_  
☐ Cardiac Amyloid (PYP) ☐ MUGA

#### ☐ Gastrointestinal

☐ Hepatobiliary (HIDA) w/ Pharm (4 hour fast)  
☐ Bile leak ☐ Gastric empty (4 hour scan)  
☐ GI Bleed ☐ Hemangioma  
☐ HEPATIQ ☐ Liver/Spleen

#### ☐ Infection/Tumor

☐ White Blood Cell (WBC) ☐ Gallium

#### ☐ Lymphoscintigraphy

☐ Breast w/ Imaging ☐ L ☐ R ☐ Breast w/o Imaging  
☐ Lymphedema ☐ Melanoma, site: \_\_\_\_\_

#### ☐ Meckel's

#### ☐ MIBG

#### ☐ Octreoscan

#### ☐ Parathyroid

#### ☐ Pulmonary

☐ Lung VQ ☐ Quantification ☐ R to L Vascular Shunt

#### ☐ Renal

☐ Function & Flow Lasix ☐ Function & Flow Captopril

#### ☐ Thyroid

##### *Diagnostic*

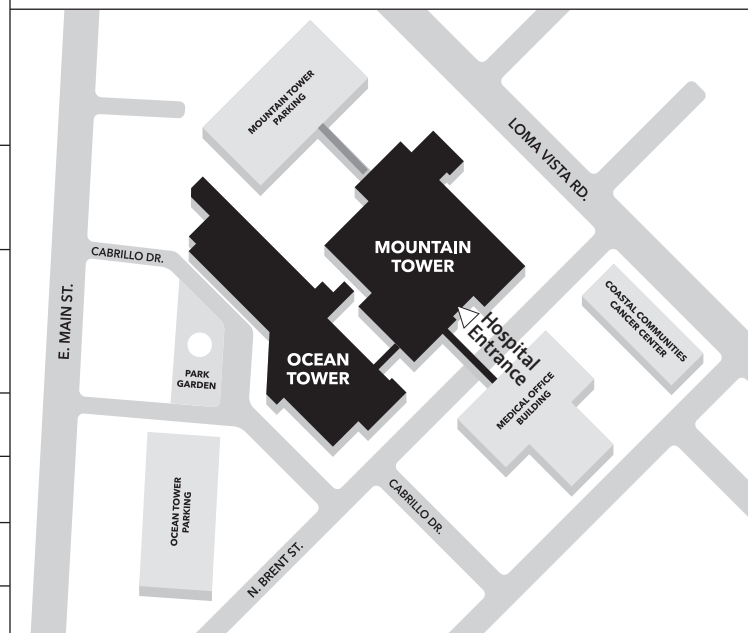
☐ I-123 Uptake and Scan ☐ I-131 Whole Body Scan

##### *Treatment*

☐ I-131 Cancer ☐ I-131 Hyperthyroid

#### ☐ Yttrium 90 Theraspheres (consultation needed)

#### ☐ Other \_\_\_\_\_



PO412

