

NUCLEAR MEDICINE ORDER FORM

Pre-Authorization Number _____
Diagnoses/Indications: (Required for Reimbursement)

1. _____
2. _____
3. _____

Name: _____

Date of Birth: _____

Type of Order: STAT Routine
 Call Result Fax Result

Phone Number _____

Fax Number _____

CPT	BONE	CPT	PULMONARY
78306	Whole Body Bone (Rule out Metastasis)	78582	Lung Scan VENT/PERFUSION (Rule out Pulmonary Embolism) (Xe-133/Tc-MAA)
78315	3 phase Bone (Osteomyelitis) <input type="checkbox"/> Total <input type="checkbox"/> Partial Area of Interest: _____	78598	Lung Scan Quantitation (Evaluate Lung Function) (Xe-133/Tc-MAA)
78300	Partial Bone Scan Limited area (Fracture) Area: _____	GENITOURINARY	
78305	Partial Bone Scan Multiple areas (Fractures) Area: _____	78707	Renal Scan (No Lasix) Choose Isotope: <input type="checkbox"/> DTPA (GFR) <input type="checkbox"/> MAG3 (ERPF)
78320	Bone SPECT (Low Back Pain, PARS fracture)	78708	Renal Scan with Lasix Choose Isotope: <input type="checkbox"/> DTPA (GFR) <input type="checkbox"/> MAG3 (ERPF)
GASTROINTESTINAL		78710	Renal Cortical Imaging (DMSA)
78226	HIDA Scan NO CCK (Stones, Biliary Leak)	INFECTION	
78227	HIDA Scan with CCK (Ejection Fraction)	78806	Infection Whole Body Scan (FUO). Choose Isotope: <input type="checkbox"/> In-111 WBC <input type="checkbox"/> Ceretec WBC (Routine)
78205	Liver/Spleen Scan	78805	Infection Imaging Limited Area (Osteomyelitis) Choose Isotope: <input type="checkbox"/> In-111 WBC <input type="checkbox"/> Ceretec WBC (Routine)
78290	Meckels Scan	78807	Infection Imaging SPECT
78264	Gastric Emptying	MISCELLANEOUS	
78278	GI Bleeding Scan	78195	Sentinel Node Localization with Imaging (Routine)
ENDOCRINE		78267	H-PYLORI Breath Test (C-14 Urea Capsule)
78013	Thyroid Scan Only (Tc-99m)	OTHER PROCEDURE/SPECIAL INSTRUCTIONS	
78014	Thyroid Scan with Multi-Uptake (I-123) 6 Hr and 24 Hr Uptake-Routine	List Below:	
78803	Parathyroid SPECT Scan		
78018	I-123 Whole Body Scan for METS		
79005	I-131 Therapy for Hyperthyroidism Up to 30 mCi		
CARDIAC (Non-perfusion studies)			
78472	MUGA Planar (LAO/Lt Lat/Anterior)		
TUMOR IMAGING			
78804	Octreoscan Whole Body		
78803	Octreoscan SPECT		

*Please specify isotope preferred for Renal Scans and Infection Imaging procedures when scheduling exam.

DATE _____ TIME _____ SIGNATURE _____

Registration Fax: (217) 347-1377

Scheduling Phone: (217) 347-1540

