

UNIVERSITY OF VIRGINIA HEALTH SYSTEM DEPARTMENT OF RADIOLOGY NUCLEAR MEDICINE IMAGING REQUEST FORM

Please Fax to (434) 243-6999
Schedule at (434) 243-6888

PLACE LABEL HERE

Ordering Date _____

SS# _____

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Patient Name: _____ MR# _____

Pre/Post-op Y N Date of Surgery _____ Date of Test _____

DOB _____ / _____ / _____ Weight: _____ Phone # _____

Insurance Company & Plan	Pre Authorization Number	Attending MD/Pic #	Ordering MD/Pic #
Referring Clinic/Office Where Report Should Be Sent	Phone Number of Contact Person Name	Box & Fax Number	

STUDY DESIRED

X	Study	X	Study	X	Study	X	Tumor Imaging	X	Therapy Procedures
	<i>Diagnostic Studies</i>		Kidney Flow/Function		Bone Imaging Whl Bdy		Gallium Tumor		
	Thyroid Uptake		Kidney-Lasix		Bone Imaging 3 Phase		I-123 Thyroid CA Dx		
	Thyroid Scan only		Kidney-Captopril		Bone SPECT		I-131 Thyroid CA Dx		Hyperthyroidism Rx
	Thyroid scan and uptake		Kidney-SPECT(DMSA)		Bone Marrow Imaging		I-131 Post-Rx Scan		
	Parathyroid MIBI only		Nuclear VCUG				MIBG Tumor		Thyroid CA Rx**
	Parathyroid I-123/MIBI		Infection Scan-WBC		Gastric Emptying		NP-59 Adrenal Tumor		Thyroid CA Metastases
	Lymph Imaging-Breast		Infection Scan-Gallium		Meckel's Scan		Octreoscan Tumor		Rx**
	Lymph Imaging-Melanoma		Brain PerfusionSPECT		Liver Colloid Imaging		Prostacint Tumor		Intra-Articular Rx**
	Lung VQ vent & perf		CSF for NPH		Liver for Hemangioma		Thallium Tumor		Bone Pain Rx**
	Lung Quantitative		CSF Shunt Eval		Hepatobiliary Imaging		P32 or Y90 Tumor		Zevelin Rx**
			CSF Leak Detection		Hepatobiliary w/GB emptying		Brain Tumor Spect		Bexxar Rx**

**Includes Consult

Other Study-Not Listed (Specify):

Clinical Indications for Exam (Mandatory):

ICD-9 Dx Code(MANDATORY):

Protocol-For Internal Radiology Use Only:

I attest to the accuracy of the above information and to the medical necessity of the study ordered:

Physician Signature: _____ **Date:** _____

If films were taken within 2 weeks prior to scan from outside UVA please instruct pt to bring films.

Special considerations: Non-English speaking Sz disorder Pregnancy

Other: _____

Is Patient Claustrophobic? Yes No (Pediatric/Claustrophobic patients may require sedation)

Is Sedation required? Yes No Is Patient Pediatric? Yes No



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