EMORY HEALTHCARE

General Nuclear Medicine 404-778-9729 FAX 404-712-0945

PET/CT: **404-778-9729 FAX (404) 778-5382**

ORDER AND MOST CURRENT CLINICAL NOTE REQUIRED AT THE TIME OF SCHEDULING

Medical Record Number (MRN): _____

Patient Name (Last Name, First Name MI):

_____

Date of Birth _____ Weight_____ □ Male □ Female

Insurance Plan/FSC:_____

Member Insurance#_____

†Referral #: Provide PCP to Specialist referral #.

Required information needed to schedule:

Attending MD Name

_____

UPIN #* _____ *UPIN needed for physicians.

Office Phone _____Fax _____

Contact Requesting Physician@:_____

Office Contact_____ Phone_____

Patient's Phone (H/W/Cell) _____

Diagnosis /Indications:_____

ICD-10 Codes: _____

Prior PET/CT exam: ❑ Yes ❑ No Other Prior Imaging Studies (check all that apply): ❑ CT ❑ MRI ❑ NM ❑ US ❑ None

Urgency: □ STAT □ TODAY □ ROUTINE Requested Exam Date:_____

Physician Signature (MD, DO, PA, and NP): _____Date: _____

For patient preparations and directions to our locations go to: www.emoryhealthcare.org/radiology

General Nuclear Medicine

- ❑ Brain Imaging: ❑ DaT Scan
- ❑ Bone Scan:
  - ❑ 3-Phase Bone ❑Whole Body
- ❑ Dacryocystography
- ❑ Gastric Emptying: ❑ 4hr (Solid)
  - ❑ Whole Gut (Colonic) Transit
- ❑ Hepatobiliary Scan: ❑ w/EF ❑ w/o EF ❑ Bile Leak
- ❑ I-123 MIBG
- ❑ Liver/Spleen ❑ Liver Other_____
- ❑ Lung: ❑ V/Q ❑ Lung Perf w/Quant
- ❑ Lymphoscintigraphy: ❑ Breast ❑ Melanoma
  - ❑ Other
- ❑ Lymphedema _____
- ❑ MUGA
- ❑ Parathyroid w/SPECT/CT
- ❑ Parathyroid – Pre-op Planar Imaging (EDH)
- ❑ Renal: ❑ w/wo Lasix ❑ w/wo ACE Inhibitor
- ❑ WBC Imaging
- ❑ Thyroid Uptake & Scan
- ❑ Thyroid Whole Body Scan for Thyroid Cancer (plus consult)
- ❑ I-131 Therapy (plus Consult)
- ❑ Other Radiotherapy (with Consult)
  - ❑ Xofigo ❑ Lu-177 Dotatate ❑ Lu-177 Pluvicto
- ❑ Other _____

CARDIAC

- ❑ Cardiac Amyloid
- ❑ Heart Perfusion SPECT Stress & Rest
- ❑ PET/CT Cardiac Rest/Stress
- ❑ PET/CT Cardiac Viability
- ❑ PET/CT Sarcoidosis

PET/CT

PET (PET/CT is routinely used for Tumor Imaging of the body. This exam includes a non-contrast CT scan.)

- ❑ PET/CT Skull Base to Mid-Thigh
- ❑ PET/CT Whole Body:
  - ❑ Melanoma ❑ Multiple Myeloma ❑ Sarcoma
- ❑ PET/CT Brain (Dementia): ❑ Amyloid ❑ FDG
- ❑ PET/CT Axumin (Prostate Biochemical Recurrence)
- ❑ PET/CT Brain Scan Metabolic (FDG):
  - ❑Seizure ❑ Tumor
- ❑ PET/CT Dotatate (NET)
- ❑ PET/CT FES Breast Cancer (Cerianna)
- ❑ PET/CT PSMA (Prostate High-Risk Primary Staging or Biochemical Recurrence)
- ❑ Other_____
- ❑ PET/MR:
  - ❑ Brain Metabolic ❑Tumor Imaging ❑ PSMA ❑ Dotatate

Include Diagnostic CT with IV contrast (WEM only) – Completed after non-contrast PET/CT:

- ❑ PET/CT Neck Soft Tissue with contrast
- ❑ PET/CT Chest with contrast
- ❑ PET/CT Abdomen with contrast
- ❑ PET/CT Abdomen and Pelvis with contrast

Note: If diagnostic CT is needed at a different site, please order CT separately