

EMORY HEALTHCARE

Nuclear Medicine and Molecular Imaging
404-778-5364

Order is 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-9 Codes: _____

Urgency: **STAT (CALL BACK)** TODAY ROUTINE , Requested Exam Date: _____

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

Scheduled Date: _____ Scheduled Time: _____ AM / PM Specify Location: **EUH / EUHM**

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

General Nuclear Medicine

Brain Imaging

DatScan Seizure Ictal / Interictal

Diamox Study BTO

Bone Scan:

3-Phase Bone Whole Body

Whole Body w/SPECT

Cisternography/CSF Leak Study

V/P Shunt Imaging

Dacryocystography

Gastric Emptying

Hida w/EF Hida w/o EF

I-123 MIBG

Liver Spleen

Liver Other _____

Lung V/Q (w/Quant)

Lymphoscintigraphy _____

OctreoScan

Parathyroid

Proscint

Renal with Lasix Renal w/o Lasix

Renal Vascular Hypertension

Thyroid Uptake & Scan (**Therapy to follow**)

Thyroid Whole body Scan for Thyroid Cancer

I-131 Therapy (**plus Consult**)

WBC Imaging

Other Radiotherapy (**with Consult**)

I-131 MIBG Zevalin Bexxar

Samarium Strontium

Other: _____

Cardiac Nuclear Medicine:

Myocardial Perfusion Rest/Stress w/EF & Function
(**EUH Only**)

Stress: Treadmill Pharmacologic

First Pass LVEF MUGA