

# NUCLEAR MEDICINE/PET/DEXA ORDER FORM

LAST NAME	TODAYS DATE	*** ICD-10 INFO REQUIRED ***	
FIRST NAME	DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE	1	
INSURANCE COMPANY		2	
POLICY #	GROUP #	3	
PHYSICIAN NAME	SPECIAL INSTRUCTIONS  <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT		
OFFICE TELEPHONE NUMBER			
PHYSICIAN SIGNATURE *** (REQUIRED)	PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH #		

<input checked="" type="checkbox"/>	EXAM	CPT(S)
<b>NUCLEAR MEDICINE</b>		
<input type="checkbox"/>	ACUTE GI BLOOD LOSS IMAGING	78278, A9560
<input type="checkbox"/>	BONE/JOINT IMAGING 3 PHASE STUDY	78315, A9503
<input type="checkbox"/>	BONE/JOINT IMAGING WHOLE BODY	78306, A9503
<input type="checkbox"/>	CARDIAC BLOOD POOL IMAGING (MUGA)	78494, A9560, A9512, A9538
<input type="checkbox"/>	CISTERNOGRAM WITH INJECTION OF IN-111 UNDER FLUORO GUIDANCE	78630, 62311, A9548
<input type="checkbox"/>	GASTRIC EMPTYING IMAGING STUDY	78264, A9541
<input type="checkbox"/>	HEPATOBIILIARY IMAGING (HIDA) W CCK	78227, A9537, J2805
<input type="checkbox"/>	HEPATOBIILIARY IMAGING (HIDA) W/O CCK	78226, A9537
<input type="checkbox"/>	INJECTION OF RADIOACTIVE TRACER FOR SENTINEL NODE IDENTIFICATION US GUIDE	38792, 76942
<input type="checkbox"/>	KIDNEY FLOW/FUNCTION IMAGING W LASIX	78708, A9562, J1940
<input type="checkbox"/>	MECKLES DIVERTICULUM IMAGING	78290, A9512
<input type="checkbox"/>	MYOCARDIAL PERFUSION SCAN W TREADMILL	78452, A9505
<input type="checkbox"/>	MYOCARDIAL PERFUSION SCAN W LEXISCAN	78452, A9505
<input type="checkbox"/>	MYOCARDIAL PERFUSION SCAN FOR CARDIAC VIABILITY	78454, A9505
<input type="checkbox"/>	OCTREOSCAN, IN 111 WHOLE BODY MULTI DAY	78804, A9572

<input checked="" type="checkbox"/>	EXAM	CPT(S)
<input type="checkbox"/>	PARATHYROID PLANAR IMAGING	78070, A9500
<input type="checkbox"/>	PULMONARY VENTILATION/PERFUSION SCAN	78598, A9540, A9567
<input type="checkbox"/>	RADIOIODINE-131 THERAPY BY ORAL ADMINISTRATION FOR HYPERTHYROIDISM/THYROID CANCER, INCLUDING THYROID METASTASES WHOLE BODY IMAGING	79005, A9517, 78018
<input type="checkbox"/>	THYROID METASTASES IMAGING WHOLE BODY	78018, A9528
<input type="checkbox"/>	THYROID UPTAKE & IMAGING	78014, A9516
<b>PET</b>		
<input type="checkbox"/>	PET-CT SCAN SKULL BASE TO MID THIGH	78815, A9552
<input type="checkbox"/>	PET-CT SCAN WHOLE BODY	78816, A9522
<input type="checkbox"/>	PET-CT NaF-18 BONE IMAGING	78816, A9580
<input type="checkbox"/>	PET-CT BRAIN METABOLIC EVALUATION	78808, A9552
<b>DEXA</b>		
<input type="checkbox"/>	DEXA BONE DENSITY SCAN	77080
<b>OTHER EXAMS REQUESTED</b>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Fax this order to: (928) 532-1411      Scheduling Phone: (928) 537-6554      Radiology Dept Phone: (928) 537-6338**

Acct#                      MR#  
 Adm:                        DOB:  
 Summit Healthcare Regional Medical Center



559 (11/16)

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