STRONG HEALTH

HIGHLAND HOSPITAL

RADIOLOGIC CONSULTATION
HH **525H** MR

NUCLEAR EXAMINATION

☐ Inpatient
☐ Outpatient
☐ ED
☐ ICU

NAME

MEDICAL RECORD #:

BIRTHDATE

PCP:

AREA TO BE EXAMINED / TYPE OF EXAMINATION

SCHEDULED DATE:

FLOOR

FOR EMERGENCY CONSULTATIONS
AFTER 4 PM MON. - FRI., SATURDAY, SUNDAY AND HOLIDAYS,
FAX TO STRONG MEMORIAL RADIOLOGY (585) 506-0062

DIAGNOSIS OR CLINICAL SUSPICION (REQUIRED)
Rule out diagnosis not acceptable

SEND PHYSICIAN'S PERSONAL COPY TO:
NAME: MD

FIRST LAST

ADDRESS

STREET CITY ZIP

HISTORY / CLINICAL INFORMATION (REQUIRED)

CLINICIAN SIGNATURE
ATTENDING/RESIDENT/NP/PA

BEEPER

RESIDENT

PATIENT POTENTIALLY PREGNANT? ☐ **NO** ☐ **YES IF YES, LMP**

FOR URGENT / EMERGENCY RESULTS MON. - FRI.
AFTER 5 PM & WEEKENDS, PLEASE INCLUDE FAX #.

FAX #:

BUN	**Creatinine**	**PRECAUTIONS**

ALL EXAMS REQUESTED WITH THIS FORM MUST BE SCHEDULED.

ENDOCRINE SYSTEM

SALIVARY GLAND IMAGE
THYROID UPTAKE
UPTAKE AND SCAN
THYROID SCAN
I131 TOTAL BODY SCAN
PARATHYROID SCAN

NERVOUS SYSTEM

BRAIN SCAN
CISTERNOGRAM
SHUNT PATENCY

MUSCULOSKELETAL SYSTEM

BONE IMAGING (LIMITED AREA)
WHOLE BODY
BONE IMAGING - PERFUSION
3 PHASE BONE SCAN
BONE SPECT

GASTROINTESTINAL SYSTEM

LIVER/SPLEEN
HIDA (HEPATOBILIARY)
GASTRIC EMPTYING
GALLBLADDER EJECTION FRACTION
GI BLOOD LOSS
MECKLES
RBC - LIVER

GENITOURINARY SYSTEM

RENAL PERFUSION
RENAL IMAGES WITH LASIX-INDIRECT
KIDNEY FUNCTION ONLY (RENOGRAM)
TESTICULAR SCAN
CAPTOPRIL RENAL SCAN

MISCELLANEOUS

ABSCESS LOCALIZATION - INDIUM/GALLIUM
GALLIUM TUMOR LOCALIZATION
WBC SCAN
PROSTASCINT
SHUNT PATENCY (HEPATIC)
LYMPHOSCINTIGRAPHY NODE
(MELANOMA, SENTINEL NODE)
PERITONEAL INJECTION

RESPIRATORY SYSTEM

PULMONARY PERFUSION
PULMONARY VENTILATION
QUANTITATIVE LUNG

* Call for Special Requests/Agents requiring WB & SPECT imaging *

Scheduling, Reports or Film Requests
(585) 341-6785

(rev. 10/03)

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