

**NUCLEAR EXAMINATION**

- INPATIENT
- OPD
- ED

NAME:

MEDICAL RECORD #:

BIRTHDATE:

PCP:

AREA TO BE EXAMINED / TYPE OF EXAMINATION:	TODAY'S DATE:	SEND PHYSICIAN'S PERSONAL COPY TO:	
	FLOOR/CLINIC	NAME: <span style="float: right;">M.D.</span>	
	WHEELCHAIR <input type="checkbox"/> CART <input type="checkbox"/>	FIRST <span style="margin-left: 150px;">LAST</span>	
DIAGNOSIS OR CLINICAL SUSPICION <b>(REQUIRED)</b> <i>Rule out diagnosis not acceptable</i>	ICD-9 CODES		ADDRESS
			STREET <span style="margin-left: 100px;">CITY</span> <span style="float: right;">ZIP</span>
			<b>PHYSICIAN'S SIGNATURE</b> ATTENDING <span style="float: right;">BEEPER</span>
HISTORY / CLINICAL INFORMATION <b>(REQUIRED)</b>		RESIDENT	
		SCHEDULED FOR <span style="float: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</span>	
		DATE <span style="margin-left: 100px;">HOUR</span>	ARRIVED <span style="margin-left: 100px;">COMPLETED</span>
PATIENT POTENTIALLY PREGNANT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LMP		ADDITIONAL INFORMATION	
CAUTIONS/RISKS			
SPECIAL INSTRUCTIONS TO TECH:			
		RADIOPHARMACEUTICAL: AMOUNT: ADMINISTERED: TIME:	

**ALL EXAMS REQUESTED WITH THIS FORM MUST BE SCHEDULED**

**ENDOCRINE SYSTEM**

THYROID UPTAKE  
UPTAKE AND SCAN  
THYROID SCAN  
TOTAL BODY SCAN

**RESPIRATORY SYSTEM**

PULMONARY PERFUSION  
PULMONARY VENTILATION

**MUSCULOSKELETAL SYSTEM**

BONE IMAGING (LIMITED AREA)  
WHOLE BODY  
BONE IMAGING - PERFUSION

**GASTROINTESTINAL SYSTEM**

LIVER  
HIDA  
GASTRIC EMPTYING  
SCHILLINGS I  
GI BLOOD LOSS  
MECKLES

**NERVOUS SYSTEM**

BRAIN SCAN  
CISTERNOGRAM

**CARDIOVASCULAR SYSTEM**

MUGA  
1st PASS  
STRESS THALLIUM  
PYRO  
SVC  
VENOGRAM

**THERAPEUTIC**

THYROID TREATMENT  
THYROID-CA THERAPY  
P-32 THERAPY

**GENITOURINARY SYSTEM**

RENAL PERFUSION  
RENAL IMAGES WITH LASIX-INDIRECT  
VOIDING CYSTOGRAM  
CYSTOGRAM-DIRECT  
KIDNEY FUNCTION ONLY (RENOGRAM)  
TESTICULAR SCAN

**MISCELLANEOUS**

ABSCESS LOCALIZATION - INDIUM/GALLIUM  
GALLIUM TUMOR LOCALIZATION  
PORTABLE  
EMERGENCY

Scheduling, Report or Film Requests:  
(585) 275-3307

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