

# NUCLEAR MEDICINE ORDER

147 North Brent Street, Ventura, CA  
 Mountain Tower, 1st Floor  
 Phone: 805-948-5026 Fax: 805-948-0433 Email: NucMed@mycmh.org



Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Phone(s) \_\_\_\_\_ Email \_\_\_\_\_  
 Insurance or Authorization Number \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Order Date \_\_\_\_\_  
 Referral Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Please call for pre-study instructions and bring this form with you to your appointment.  
 If you are unable to keep your appointment, please call or email 24 hours in advance**

## GENERAL NUCLEAR MEDICINE STUDIES

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_ Return Time \_\_\_\_\_

**Bone Scan**  
 Whole body  3-phase  Limited

**Brain**  
 Cisternogram  CSF-Leak  VP Shunt Study

**Cardiac**  
 Myocardial Perfusion Study  
 (4 hour fast, no caffeine 12 hours prior, bring medication list)  
 Pharmacologic  Exercise  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Cardiac Amyloid (PYP)  MUGA

**Gastrointestinal**  
 HIDA w/E.F. (4 hour fast)  
 Bile leak  Gastric empty (4 hour scan)  
 GI Bleed  Hemangioma  
 HEPATIQ  Liver/Spleen

**Infection/Tumor**  
 White Blood Cell (WBC)  Gallium

**Lymphoscintigraphy**  
 Breast w/ Imaging  L  R  Breast w/o Imaging  
 Lymphedema  Melanoma, site: \_\_\_\_\_

**Meckel's**

**MIBG**

**Octreoscan**

**Parathyroid**

**Pulmonary**  
 Lung VQ  Quantification  R to L Vascular Shunt

**Renal**  
 Function & Flow Lasix  Function & Flow Captopril

**Thyroid**  
*Diagnostic*  
 I-123 Uptake and Scan  I-131 Whole Body Scan  
*Treatment*  
 I-131 Cancer  I-131 Hyperthyroid

**Yttrium 90 Theraspheres (consultation needed)**

**Other** \_\_\_\_\_

