REQUEST FOR NUCLEAR MEDICINE CONSULTATION
(Must be completed in order to perform study)

PATIENT SCHEDULING: 584-2287
FAX: 584-9019

BRIEF PATIENT HISTORY: (MUST BE FILLED OUT FOR SCAN TO BE PERFORMED)

ADRENAL SCAN (MIBG)
--- PHEOCHROMOCYTOMA
--- CUSHING'S SYNDROME
--- HYPERALDOSTERONISM
--- OTHER (SPECIFY)

BONE SCAN
--- BONY METASTASES EVALUATION
--- REFLEX SYMPATHETIC DYSTROPHY
--- BACK PAIN, SPECT*
--- BONE PAIN
--- OSTEOMYELITIS
--- ASEPTIC NECROSIS
--- FRACTURE, OCCULT
--- TUMOR, PRIMARY
--- BONY INFARCT
--- ARTHRITIS
--- OTHER (SPECIFY)

BONE DENSITY STUDY (DEXA)
--- BONE MINERAL DENSITY EVALUATION
--- OTHER (SPECIFY)

BRAIN SCAN
--- TEMPORARY BALLOON OCCLUSION
--- PSYCHIATRIC EVALUATION
--- ISCHEMIA/TIA'S
--- OTHER ISCHEMIC DISEASE
--- DEMENTIA (ALZHEIMER'S)
--- EPILEPTOGENIC FOCUS LOCALIZATION
--- TUMOR (T-201 SCAN)
--- BRAIN DEATH
--- OTHER (SPECIFY)

CARDIOVASCULAR SCAN
--- MYOCARDIAL PERFUSION SCAN
--- THALLIUM TREADMILL (GXT)
--- DIPYRIDAMOLE THALLIUM
--- DOBUTAMINE THALLIUM
--- EXERCISE EJECTION FRACTION (MUGA)
--- REST EJECTION FRACTION (MUGA)
--- CHEMOTHERAPEUTIC EVALUATION
--- OTHER (SPECIFY)

EYE (LACRIMAL SCAN)
--- TEAR DUCT OBSTRUCTION
--- OTHER (SPECIFY)

GALLIUM SCAN
--- TUMOR/LYMPHOMA
--- SARCOIDOSIS
--- OTHER (SPECIFY)

HEMATOLOGIC
--- BLOOD VOLUME
--- SCHILLING TEST
--- RED CELL LIFE SPAN
--- OTHER (SPECIFY)

INFECTION DETECTION
--- LABELED WHITE CELLS
--- GALLIUM SCAN
--- OTHER (SPECIFY)

INTESTINAL DISEASE
--- GASTRIC EMPTYING
--- ACTIVE GI BLEEDING LOCALIZATION
--- MECKEL'S DIVERTICULUM
--- OTHER (SPECIFY)

LIVER/SPLEEN SCAN, MORPHOLOGIC EVALUATION
--- EVALUATION OF SIZE
--- CIRRHOSIS
--- SPACE OCCUPYING LESION
--- HEMANGIOMA, SPECT
--- OTHER (SPECIFY)

HEPATOBLIARY SCAN ("HIDA")
--- RIGHT UPPER QUADRANT PAIN, ACUTE CHOLECYSTITIS EVALUATION
--- CHRONIC CHOLECYSTITIS
--- BILE LEAK
--- BILARY OBSTRUCTION
--- DYSKINESIA, GALLBLADDER EJECTION FRACTION
--- OTHER (SPECIFY)

LUNG SCAN (V/Q)
--- POSSIBLE PULMONARY EMBOLISM
--- OBSTRUCTIVE AIRWAY DISEASE
--- QUANTITATIVE PRE-OP EVALUATION
--- LUNG REDUCTION SURGERY EVALUATION
--- OTHER (SPECIFY)

PANCREAS SCAN
--- PANCREAS TRANSPLANT EVALUATION
--- OTHER (SPECIFY)

PARATHYROID SCAN
--- PARATHYROID ADENOMA EVALUATION
--- OTHER (SPECIFY)

RENAL SCAN
--- TRANSPLANT EVALUATION
--- HYERTENSION (CAPTOPRIL)
--- OBSTRUCTIVE UROPATHY (LASIX CHALLENGE)
--- EVALUATION OF RENAL MASS
--- OTHER (SPECIFY)

TESTICULAR SCAN
--- TORSION
--- INFECTION
--- OTHER (SPECIFY)

THERAPY
--- THYROTOXICOSIS, I-131
--- THYROID CARCINOMA, I-131
--- P-32 SODIUM PHOSPHATE
--- SR-89 THERAPY FOR PAINFUL BONY METASTASES
--- OTHER (SPECIFY)

THYROID SCAN
--- THYROTOXICOSIS EVALUATION
--- THYROID/NECK NOODULE EVALUATION
--- MEDIASTINAL MASS EVALUATION
--- OTHER (SPECIFY)

TUMOR IMAGING
--- COLONIC/OVARIAN CARCINOMA EVALUATION (ONCOSCINT)
--- NEUROENDOCRINE TUMOR, AND OTHERS (OCTREOSCAN)
--- QUANT. THYROID CANCER POST-OP EVALUATION
--- BREAST TUMOR EVALUATION (SESTAMIBI SCAN)
--- OTHER (SPECIFY)

OTHER NUCLEAR MED. PROCEDURE (SPECIFY)

TO SCHEDULE, CALL 584-3057
FAX 584-3263

* SPECT: SINGLE PHOTON EMISSION COMPUTERIZED TOMOGRAPHY

UMC-119, Rev. 9/98

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