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**OUTPATIENT RADIOLOGY
NUCLEAR MEDICINE
PET CT ORDERS**



ACT: _____ MR: _____
DOB: _____ RM: _____
ADM: _____

Location Whittier Downey

Patient Name _____ DOB _____ Age _____

Patient Contact Number # _____ Height _____ Weight _____

Reason for Exam _____
(Indications, Symptoms, Relevant Clinical History)

eMD Record Available Recent Progress Notes Attached
ALLERGIES Contrast No Known Allergies Other _____
Diabetic Yes No If yes, is patient on medication? Oral Insulin Controlled by diet
 Requesting Radiology Consult Need order clarification _____

NUCLEAR MEDICINE EXAMS

Bone Scan Bone Scan SPECT Bone Scan Three Phase please specify _____
 Brain SPECT Bone Marrow Scan Cisternogram
 Gallium Imaging Gastric Emptying GI Bleed
 Lymphatics Imaging Meckels MUGA Scan
 Parathyroid Imaging Pulmonary Ventilation/Perfusion Pulmonary Ventilation/Perfusion Quantitative
 Renogram with Lasix/Captopril Renogram without Pharm
 Testicular Imaging with Vascular Flow Ureteral Cystogram
 HIDA HIDA with EF Liver with SPECT (hemangioma)
 Liver/Spleen Thyroid Uptake and Scan
 Sentinel Node Injection **Right without imaging** Sentinel Node Imaging **Left without Imaging**
 Sentinel Node Injection **Bilateral without imaging**
 Sentinel Node Injection **Right with imaging** Sentinel Node Imaging **Left with Imaging**
 Sentinel Node Injection **Bilateral with imaging**
 Thyroid Therapy Therapy Sr-89 please specify _____
 DEXA (Bone Density)

CARDIAC

Myocardial Perfusion Rest and/or Stress Multiple SPECT Rest Thallium

WHOLE BODY

Whole Body with I-131 Whole Body Two or More Days please specify _____
 Indium Leukocyte Whole Body White Blood Cell Localization Whole Body
 Nuclear Medicine Other please specify _____

PET/CT FDG

Please check Diagnosis Staging

PET/CT FDG Skull Base to Mid-Thigh - Initial PET/CT FDG Whole Body - Initial
 PET/CT FDG Skull Base to Mid-Thigh - Subsequent PET/CT FDG Whole Body - Subsequent

PET/CT Naf Bone Imaging

Please check Diagnosis Staging

PET/CT Naf Bone Imaging Skull Base to Mid-Thigh - Initial
 PET/CT Naf Bone Imaging Skull Base to Mid-Thigh - Subsequent
 PET/CT Naf Bone Imaging Whole Body - Initial
 PET/CT Naf Bone Imaging Whole Body - Subsequent

LABORATORY

Ordered Resulted and Faxed to Scheduling

EXAM COMPLETION PRIORITY

Routine (completed as schedule allows) **STAT Exams**
 Urgent (completed within 2 days) Call Clinician/Office with results and hold patient until direction is given
 STAT (exam completed today) Fax results and send patient back to office

Time _____ Date _____ Physician Signature _____ Physician Name (Please Print) _____
Alternate Office Contact Name _____ Number _____

Radiology Scheduling Direct Phone Number 562.906.5572

Radiology Scheduling Fax 562.464.5018