



ORDERS • PEDIATRIC NUCLEAR MEDICINE

Medical Record Number

Patient Name

Addressograph or Label – Patient Name, Medical Record Number

Nuclear Medicine Exams performed at SHC Scheduling: (650) 723-6855 Fax (650) 723-6036

Insurance Provider: _____ **Policy #:** _____ **Phone #:** _____
 Insurance card (front & back) must be faxed if patient is not a current LPCH patient
SCAN: Routine Time sensitive: Date needed by: _____ STAT: reason: _____
 Will exam need to be coordinated with other tests/appt? No Yes If Yes, please specify: _____
 Special needs: Translator: Language: _____ Other: _____
PARENT/Legal Guardian's Name: _____ Specify relationship to patient (Mother, Father, etc.) _____
 Best time to contact Parent/Legal Guardian: _____ Phone #: _____ Cell #: _____
 Check one: Call Family to schedule Call Office to schedule (name/phone): _____
If Female patient, has she started her period? No Yes **Certain imaging exams require a pregnancy test**
Diagnosis: _____ **ICD-9:** _____ **Symptoms:** _____
 Clinical concern: _____
 Underlying/Provisional Diagnosis: _____
Attending: _____ **MD Report Results:** Routine STAT Digitize ONLY Digitize and Read

Does the patient have the following? Comments for YES responses: _____

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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If required, do you authorize an anesthesia consult? Yes No

If Yes, please provide H & P with order
 Is H & P available on Cerner Yes No

OR

If No, date H & P faxed _____

Vascular Access Information:

- Port PIV Start
 Tunneled Central Venous Catheter/PICC

PET and CT

- PET/CT (low resolution CT without contrast):**
 Brain: **ONLY**
 Whole Body PET (skull base to mid-thigh)
 Whole Body PET (vertex to toes)
- PET with diagnostic CT (high resolution CT with or without contrast):**
 - PET Options:**
 Whole Body PET (skull base to mid-thigh)
 Whole Body PET (vertex to toes)
 - Diagnostic CT Options:**
 Request anatomic regions for high resolution diagnostic CT:
 (If unchecked, low resolution CT will be performed in that region by default)
 Neck Chest Abdomen Pelvis
 - Contrast Options:**
 With IV Contrast Without IV Contrast
 With PO Contrast Without PO Contrast

UROLOGY

- DMSA Renal Scan
 Renal Voiding Cystogram (Nuclear VCUG)
 MAG3 Renal Scan
 With Urethral Catheter
 Patient to void into urinal on command if bladder full
 With Lasix preload
 Sulfa allergy or Lasix allergy
 Prehydration with _____ mL NS
 Other: _____

GENERAL NUCLEAR MEDICINE

- Bone Scan
 Three Phase Bone Scan
 Brain Perfusion SPECT
 With Without Diamox
 Ictal Interictal
 Cardiac Rest / Stress
 Treadmill
 Pharmacologic
 DXA Scan (Bone Density Scan)
 EGNA (MUGA)
 Esophageal Motility
 Gallium Scan
 Gastric Emptying Scan
 With Without Aspiration
 GFR
 GI Bleeding Scan
 HIDA
 Cholecystitis Biliary Atresia vs Hepatitis
 I-123 Uptake and Scan (hyperthyroidism) Therapy
 I-123 Whole Body Scan (thyroid cancer) Therapy
 I-123 MIBG Scan
 SPECT specific anatomic site: _____
 In-111 Octreoscan
 Liver/Spleen Scan
 Lung Perfusion Scan With Without R/L Shunt
 Meckel Scan
 V/Q Scan
 WBC Scan
 Other: _____

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
Orders signed		PRINT Provider Name:		RN Signature	Date/Time