

ULTRASOUND AND NUCLEAR MEDICINE ORDER FORM

PATIENT NAME: (Last, First, Middle)	Social Security #:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ordering Physician Signature:	Skilled Nursing Patient:	<input type="checkbox"/> Fax results to:	<input type="checkbox"/> Wet Read
Telephone:	Facility:		

PROVIDE DIAGNOSIS/SYMPTOMS FOR ALL TESTS ORDERED:

1) _____ 2) _____ 3) _____ 4) _____

ULTRASOUND	CALL 978-521-8121 TO SCHEDULE	NUCLEAR MEDICINE FAX# 978-521-8597	CALL 978-521-8595 TO SCHEDULE
<input type="checkbox"/> ABDOMEN COMPLETE	CARDIAC ULTRASOUND	<input type="checkbox"/> Bone scan: three phase	<input type="checkbox"/> Thyroid therapy
<input type="checkbox"/> RENAL	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> Bone scan: limited	<input type="checkbox"/> Thyroid uptake & scan
<input type="checkbox"/> SPLEEN	<input type="checkbox"/> TEE ECHO	<input type="checkbox"/> Bone scan: Spect	<input type="checkbox"/> TC thyroid scan only
<input type="checkbox"/> THYROID	Requested MD:	<input type="checkbox"/> Bone scan: whole body	<input type="checkbox"/> V/Q lung scan ventilation and perfusion
<input type="checkbox"/> PANCREAS		<input type="checkbox"/> Brain perfusion scan: spectl	<input type="checkbox"/> Lung perfusion scan only
<input type="checkbox"/> LIVER	Other:	<input type="checkbox"/> Gastric emptying scan	<input type="checkbox"/> Quantitative lung scan
<input type="checkbox"/> GALLBLADDER		<input type="checkbox"/> Gallbladder scan (HIDA)	STRESS LAB CALL 978-521-8660 TO BOOK
<input type="checkbox"/> PELVIS		<input type="checkbox"/> Liver/spleen scan: planar	<input type="checkbox"/> Routine stress test
<input type="checkbox"/> AORTA		<input type="checkbox"/> Gated cardiac scan (MUGA)	<input type="checkbox"/> Nuclear stress test 1 DAY
<input type="checkbox"/> BREAST		<input type="checkbox"/> GI bleeding scan	<input type="checkbox"/> Nuclear stress test 2 DAY
<input type="checkbox"/> CAROTIDS		<input type="checkbox"/> Liver scan	<input type="checkbox"/> Nuclear stress test - Pharmacological
<input type="checkbox"/> AORTA		<input type="checkbox"/> Meckels scan	<input type="checkbox"/> Stress Echo
<input type="checkbox"/> OBSTRETICAL		<input type="checkbox"/> Para thyroid imaging	<input type="checkbox"/> Holter
<input type="checkbox"/> AMNIOCENTESIS		<input type="checkbox"/> Renal scan	Other:
SORRY – WE DO NOT PERFORM ARTERIAL STUDIES AT THIS TIME		<input type="checkbox"/> Renal scan with Captopril	
		<input type="checkbox"/> Renal scan with Lasix	