	09)	agnostic Imaging – P 221-5441 Fax: (509 ennewick □ Southrid) 221-	774	18
· ·		ırance card with you to	Ü	•	•
Patient's Name: Home Phone: Appoint Insurance/Payor: Appoint Routine STAT Call Report - call Allergies (specify)	Oth pintm all #	ner Phone: nent Date/Time:	⊒ Hold	Pat	☐ Call Patient to Schedule ☐ Scheduled by:
Symptoms/History(do not use follow-up, rule out, Physician (print name):	poss	ible, evaluate or probable)			
Physician Signature/Date:					
Bone Scan Limited/3Phase Whole Body SPECT Cardiac Myocardial Perfusion Imaging Exercise Lexiscan MUGA ETT - Exercise Tolerance Test Stress Echocardiogram Exercise Dobutamine Thyroid Uptake & Imaging - CC only Imaging Only Parathyroid I-131 Ablation (hyper & cancer) - SR only Hepatobiliary Hepatobiliary/Bile Leak Hepatobiliary w/EF Liver/Spleen Brain		Gastric Gastric Reflux Gastric Emptying GI Bleed Meckell's H Pylori Breath Test Leveen/Shunt Study - SR Lung Ventilation/Perfusion Perfusion Only Quantitative Renal Flow & Function With Lasix Captopril/Enalapril Miscellaneous Samarium 153 - SR only Strontium 89 - SR only I-125 Prostate Implant - SR PD-103 Prostate Implant - SR	y		Tumor Imaging Octreotide Sestamibi MIBG I-131 Whole body
☐ Cisternogram - SR only				Oth	ner
PLEASE FAX FORM TO US AT (509) 221-7748 A	AND	GIVE COPY TO PATIENT	TO BRIN	IG T	O APPOINTMENT. THANK YOU.
Order, Nuclear Medicine *30RD* Form# 11	42	Rev Date 06/19			Patient ID
Trios Health		e 1 of 2			ame:

Trios Health

Patient: Please read entire form as other sections besides your prepar	ration may apply to you.
Preparation For Nuclear M	edicine.
Please check appropriate prep for requested exam.	
Bone Scans: Limited, 3 Phase, Whole Body and SPECT. No preparatio Bone scans are performed in two visits. The first visit takes 15 minutes of appointment is typically three (3) hours later and takes 45 minutes of the scans	utes where an injection is given. The second
Cardiac: All myocardial perfusion scans must be ordered through a from your physician to be off medications or to change to a different model time is approximately 21/2 hours.	
Preparation:	
No caffeine for 24 hrs, i.e. tea, chocolate, caffeinated beve NPO after midnight or six (6) hours before appointment. Hold cardiac medications the morning of stress test.	rages.
MUGA: No preparation required. MUGA scans take one (1) hour.	
Thyroid Uptake: Preparation:	
No seafood, multivitamins, or cough syrup for one (1) week No thyroid medications for 1 to 4 Weeks before appointmen No CT contrast for six (6) weeks before appointment. No oil based xray contrast for six (6) months before appoin This is a 2-day test. Day one, patient is given a capsule to swallow 45 minutes. Day two, patient returns 24 hours after swallowing caps	nt. Call for instructions. ntment. v. Patient returns four (4) hours later, scanning takes
Hepatobiliary (HIDA):	
Preparation: NPO for 4 hours prior to test. No pain medications after midnight. HIDA scans take two (2) hours.	
Liver/Spleen/Hemangioma/GI Bleed: No preparation required. Liver, Spleen and Hemangioma scans take one (1) hour. GI Bleed scans take two (2) hours.	
Gastric Emptying: Preparation: NPO after midnight or six (6) hours prior to appointment. No pain medication with opiates after midnight. No gastric motility drugs for 24 hours unless directed by or Patient will be required to eat an egg sandwich consisting of Gastric Emptying scans take from 2 to 4 hours	
Gastric Reflux:	
Preparation: NPO for 4 hours. Gastric Reflux scans take 90 minutes.	
Lung VQ Scan: No preparation required. Lung scans take one (1) hour.	
ENTRANCE "A" - Care Center at Southridge: 3730 Plaza Way, Kennewick, WA 9 appointment in the Diagnostic Imaging department on the first floor of the Care Censcheduled.	
ENTRANCE "C" - Southridge Hospital: 3810 Plaza Way, Kennewick, WA 99338. appointment at the Diagnostic Imaging desk located in the hospital through entranc scheduled.	Please check in 20 minutes before your scheduled be "C", unless told otherwise when the appointment is
If you need to cancel or reschedule your appointment, please about your exam, please call (
, Nuclear Medicine	Patient ID
	Patient Name:

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DOB:_

Physician Name:_