EMORY HEALTHCARE

PHONE: 404-778-9729 FAX (404) 778-5382

ORDER AND MOST CURRENT CLINICAL NOTE REQUIRED AT THE TIME OF SCHEDULING

Patient Name (*Last name, First Name, MI*)

_____

Patient's Phone *(H/W/Cell)*:

_____

Date of Birth _____ **Weight**_____ ☐ **Male** ☐ **Female**

Insurance Plan/FSC:_____

Member Insurance#_____

Required information needed to schedule:

Ordering Provider Name

_____

NPI #* _____ **NPI # needed for physicians.*

Office Phone _____**Fax** _____

Contact Requesting Physician@:_____

Office Contact_____ Phone_____

Diagnosis /Indications:_____

ICD-10 Codes: _____

Prior PET/CT exam: ❑ Yes ❑ No Other Prior Imaging Studies (check all that apply): ❑ CT ❑ MRI ❑ NM ❑ US ❑ None

Urgency: ☐ STAT ☐ TODAY ☐ ROUTINE Requested Exam Date:_____

Physician Signature (MD, DO, PA, and NP): _____**Date:** _____

For patient preparations and directions to our locations go to: www.emoryhealthcare.org/radiology

General Nuclear Medicine

- ❑ Brain Imaging: ❑ DaT Scan
- ❑ Bone Scan:
  ❑ 3-Phase Bone ❑Whole Body
- ❑ Cardiac Amyloid
- ❑ Dacryocystography
- ❑ Gastric Emptying**:** ❑ 4hr (Solid)
  ❑ Whole Gut (Colonic) Transit
- ❑ Hepatobiliary Scan: ❑ w/EF ❑ w/o EF ❑ Bile Leak
- ❑ I-123 MIBG
- ❑ Liver/Spleen ❑ Liver Other_____
- ❑ Lung: ❑ V/Q ❑ Lung Perf w/Quant
- ❑ Lymphoscintigraphy: ❑ Breast ❑ Melanoma
  ❑ Other
- ❑ Lymphedema _____
- ❑ MUGA
- ❑ Parathyroid w/SPECT/CT
- ❑ Parathyroid – Pre-op Planar Imaging (EDH)
- ❑ Renal: ❑ w/wo Lasix ❑ w/wo ACE Inhibitor
- ❑ WBC Imaging
- ❑ Thyroid Uptake & Scan
- ❑ Thyroid Whole Body Scan for Thyroid Cancer (plus consult)
- ❑ I-131 Therapy (plus Consult)
- ❑ Other Radiotherapy (with Consult)
  ❑ Xofigo ❑ Lu-177 Dotatate ❑ Lu-177 Pluvicto
- ❑ Other _____

CARDIAC

- ❑ Heart Perfusion SPECT Stress & Rest
- ❑ PET/CT Cardiac Rest/Stress
- ❑ PET/CT Cardiac Viability ❑ PET/CT Sarcoidosis

PET/CT

PET (PET/CT is routinely used for Tumor Imaging of the body. This exam includes a non-contrast CT scan.)

- ❑ PET/CT Skull Base to Mid-Thigh
- ❑ PET/CT Whole Body:
  ❑ Melanoma ❑ Multiple Myeloma ❑ Sarcoma
- ❑ PET/CT Brain (Dementia): ❑ Amyloid ❑ FDG
- ❑ PET/CT PSMA (Prostate High-Risk Primary Staging or Biochemical Recurrence)
- ❑ PET/CT Axumin (Prostate Biochemical Recurrence)
- ❑ PET/CT Brain Scan Metabolic (FDG):
  ❑Seizure ❑ Tumor
- ❑ PET/CT Dotatate (NET)
- ❑ PET/CT FES Breast Cancer (Cerianna)
- ❑ Other_____
- ❑ PET/MR:
  ❑ Brain Metabolic ❑ Brain Amyloid ❑ Tumor Imaging
  ❑ PSMA ❑ Dotatate

Include Diagnostic CT with IV contrast (WEM only) – Completed after non-contrast PET/CT:

- ❑ PET/CT Neck Soft Tissue with contrast
- ❑ PET/CT Chest with contrast
- ❑ PET/CT Abdomen with contrast
- ❑ PET/CT Abdomen and Pelvis with contrast

Note: If diagnostic CT is needed at a different site, please order CT separately