THE JOHNS HOPKINS HOSPITAL
Department of Radiology
Division of Nuclear Medicine
(410) 955-4100 Scheduling

STAMP PATIENT'S IDENTIFICATION OR PRINT CLEARLY

Nursing Unit Clinic **Birth Date**

J.H.H. History Number

Patient's Name (LAST, FIRST, M.I.)

1 ☐ Male 2 ☐ Female	☐ Routine ☐ ASAP	**DATE**		
☐ Allergic to Drugs	☐ On isolation	LMP	☐ Pregnant	Unable to Walk ☐ Stand ☐
Attending Physician & M.D. #	Ordering Physician (Print)			
Ordering Physician Signature	Doctor Number	Phone or Beeper	**ICD-9 CODES**	

NUCLEAR MEDICINE EXAMINATIONS (✓)CHECK EXAMINATIONS REQUESTED

Transported to Nuclear Medicine Department By: ☐ **Wheelchair** ☐ **Stretcher**

CLINICAL DX/RELEVANT FINDINGS:

Purpose of Study:

Head & Neck

- ☐ Brain Perfusion SPECT
- ☐ CSF Shunt Patency
- ☐ CSF Leak
- ☐ Thyroid Metastases Imaging 123- I
- ☐ Thyroid Metastases Imaging 131- I **(Post RX)**
- ☐ Thyroid Uptake 123- I
- ☐ Thyroid Uptake & Scan 123- I
- ☐ Parathyroid SPECT

Chest/ Heart

- ☐ Ventilation/ Perfusion
  - ☐ Quantitative
- ☐ Myocard. Perfusion **Stress & Rest**
  - ☐ Exercise
  - ☐ Pharmacologic
- ☐ Myocard Perfusion- Rest Only
- ☐ Resting MUGA

Abdomen / Pelvis

- ☐ Hepatobiliary Imaging Gallbladder Present
- ☐ Hepatobiliary Imaging Gallbladder Absent
- ☐ Gastric Empty **Solid**
- ☐ Gastric Empty **Liquid**
- ☐ Gastric Empty **Solid/ Liquid Combined**
- ☐ GI Bleeding
- ☐ Adrenal Imaging 123 I MIBG
- ☐ Prostate Imaging 111- In Prostscint
- ☐ NeuroEndocrine 111-In Octreoscan
- ☐ Renal Scan
- ☐ Renal Scan with **Diuretic**
- ☐ Renal Cortex **DMSA**
- ☐ Nuclear VCUG

Bone/ Skeletal

- ☐ Bone Scan Whole Body
- ☐ Bone Scan 3 Phase Area _____
- ☐ Bone SPECT Area _____
- ☐ DEXA Scan (Spine& Hip)
- ☐ DEXA Scan (Forearm)
- ☐ DEXA Scan (Wholebody)

Infection

- ☐ White Blood Cell Imaging
- ☐ Gallium Imaging

Invitro

- ☐ Plasma Volume
- ☐ Red Cell Volume
- ☐ Glomerular Filtration Rate

Other

- ☐ Lymphoscintigraphy Area_____
- ☐ Sentinel Node Localization Area _____
- ☐ Other Examinations Requested _____

Therapy- Consult required

- ☐ Radionuclide Bone Pain Therapy (Samarium)
- ☐ Radioimmunotherapy (Bexxar or Zevalin)
- ☐ Radioactive Iodine Treatment
  - ☐ Thyroid Cancer
  - ☐ Hyperthyroid treatment

*****SEE SEPERATE REQUISITION FOR PET/CT REQUESTS**